mental health digest

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mhd

cover story

The History of Mental Health

The woodcut reproduced on the cover is an illustration from M. Hundt's *Anthropologium* published in Leipzig in 1501. It shows the head of a man with the senses labeled and the parts of the brain outlined. (Reproduction courtesy of the National Library of Medicine)

This issue of the Digest contains several condensations on the history of mental health and some of its implications for current psychology and psychiatry.

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The Background of Today's Social Psychiatry

Charles E. Goshen

"Social psychiatry" might be defined as: The study of the role of the community as a determinant in the cause, prevention, or care of psychiatric disorders. Attempts to contribute to the understanding of social psychiatry tended to take two divergent points of view: One emphasized the importance of the individual's seeking personal satisfaction and pleasure in life as a means of preventing psychiatric catastrophes in his own life, as embodied in the epicurian or hedonistic philosophies. The other emphasized the importance of the individual conforming to the conventions of society, implying social enforcement of these conventions as a means presumably of guaranteeing the individual's future well-being, but actually designed to ensure society's sense of security. This viewpoint is especially encountered in the traditional puritanical Anglo-Saxon philosophy.

The British have enjoyed a reputation for being predisposed to "nervous ailments." The Spanish physician, Juan Huarte (1530–1589), offered an explanation for this alleged characteristic in his *Probe of the Mind* published in 1575. He postulated that the most favorable environment for the development of alert and contented minds was one characterized by a hot, dry climate, and that the opposite type of climate was most conducive to the development of "slow wits" and discontent. These two types of climate were best epitomized in Spain and England respectively. This explanation was widely endorsed until George Cheyne (1671–1743), a prominent London physician, described "The English Malady" as a consequence of affluent living. He claimed that one third of his patients fell into this diagnostic category.

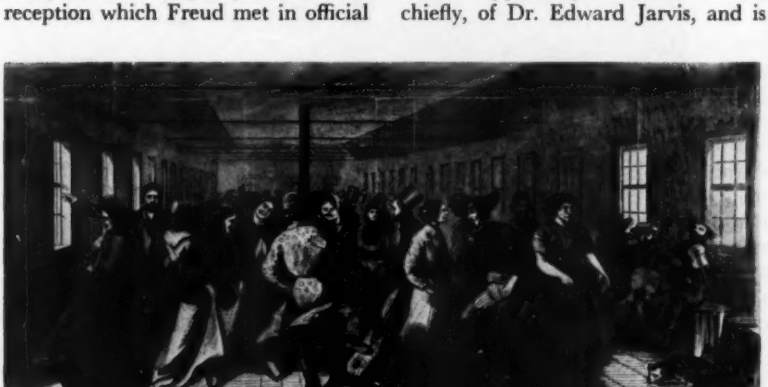
In the 18th century, Dr. William Rowley offered a physiological theory to explain the mechanisms by which political freedom and over-indulgence in luxurious living could produce "nervous ailments." The leading, and perhaps the first, psychiatrist of the early 19th century in Vienna was Baron Ernest von Feuchtersleben (1806–1849). He published a textbook which influenced the style of textbook writing, followed by Griesinger and Kraepelin, entitled *The Principles of Medical Psychology* in 1845. It is more than likely that Freud received his medical training in the atmosphere established by von Feuchtersleben at the University of Vienna. As did many others, von Feuchtersleben saw dangers in the social influences of his day, seeing the advancing refinements of civilization, especially as shown in the educational practices of the time, as productive of increasing numbers of psychiatric problems. This view was coupled with the common concept that more primitive people are free of these difficulties (not considering the possibility that prosperous middle-class people, and not primitive savages, seek medical attention for minor ailments).

A prominent leader of 19th century American psychiatry was Amariah Brigham (1798–1849). He was one of the 13 founders of the American Psychiatric Association (then called the Association of Medical Superintendents of American Institutions for the Insane), first editor of the

American Journal of Psychiatry (then the *American Journal of Insanity*), and superintendent of the State mental hospital at Utica, New York. In 1832 he published *Remarks on the Influence of Mental Cultivation upon Health* in which he related psychiatric problems to childrearing practices. The book was frequently cited by others during the 19th Century.

Isaac Ray (1807–1881) also was one of the 13 founders of the American Psychiatric Association, and superintendent of the State hospital in Maine. He popularized the term "Mental Hygiene" in a book by that name. In his introduction, he announces that "Its purpose is mainly to expose the mischievous effects of many practices and customs prevalent in modern society, and to present some practical suggestions relative to the attainment of mental soundness and vigor." The preachments contained in works of this sort contrast with the viewpoints which Freud promulgated at the end of the century, and the disparity of the two viewpoints can help explain the cool reception which Freud met in official psychiatric circles in this country.

In 1843 psychiatrists in the United States organized a national association which soon became dedicated to a campaign to induce State governments to assume responsibility for the building of mental hospitals (in place of local county-city responsibility, and in addition to private hospital operation). Dorothea Lynde Dix (1802–1887) began her campaign of lobbying in legislative assemblies for the same objectives in the same year. Opponents stressed the cost to taxpayers of building and operating these proposed State institutions. The issues thus raised led to studies of the incidence of psychiatric problems among the poor. In the latter half of the 19th century, investigations of the poor led to a surprising set of contradictory conclusions, namely, that pauperism and mental health problems were apparently related to each other. In 1854 the Massachusetts Commission on Lunacy authorized a study of this question, and a report was published which apparently was the work, chiefly, of Dr. Edward Jarvis, and is



"Dancing by lunatics—ball given for patients of the Insane Asylum on Blackwell's Island, N.Y., Nov. 6, 1865." "Wood engraving after W. H. Davenport from Harper's Weekly, vol. 9: p. 765 (Dec. 2, 1865)

often referred to as the "Jarvis Report." Following are some excerpts from this report:

"The preponderance of mental defect and disease among the poor is unquestionably shown by the comparison of the number of lunatics and idiots in the two classes. None could for a moment suppose that the total of these classes, the independent and the pauper, are in this ratio. Comparing these ratios, we find that the pauper class furnishes, in ratio of its numbers, 64 times as many cases of insanity as the independent class.

"This proceeds out of a principle which is fixed in the law of our being —that poverty is not a single fact of an empty purse, but involves in various degrees the whole man, and presents as many facts as there are elements of our nature that can be depreciated or perverted. Insanity is, then, a part and parcel of poverty; and wherever that involves any considerable number of persons, this disease is manifested."

In response to the "Jarvis Report" the *American Journal of Insanity* brought forth an editorial in April 1857 entitled "Mental and Physical Characteristics of Pauperism." Following are some excerpts: "Poverty commenced with the world's general advancement, and, as civilization has approached a higher state, the tendency of pauperism has been to increase in a greater or less degree. Every community, rising from its primitive state, presents the strong contrast of high mental cultivation and social debasement; and we come to perceive and to expect independence to be the accompaniment of intellectual superiority, and dependence of physical infirmity and deterioration, or mental defects.

"The nature of dependence is of a twofold character—that which may be considered unavoidable, and that for which society and the individual are together responsible. The causes from whence arises the great amount of unavoidable poverty may be included under the visitation of idiocy, lunacy, blindness, lameness, sickness, decrepitude, deaf-mutism, and old age. Society does not question the obligations it owes to its citizens thus unfortunately circumstanced. Society is concerned in the investigation of the nature of that pauperism for which man is himself, to a great degree, responsible. The large class of dependent persons here embraced are, equally with the former, destitute of worldly possessions; but the poverty of the former differs from the pauperism of the latter, still further, in that they are destitute of the desire for self-support or independence. The essential element of the condition of this class is in their mental constitution: and an examination reveals this to be in the impairment of the moral and intellectual strength of the individual.

"In surveying society at large, we find this character of pauperism confined principally to a single stratum. It outcrops, so to speak, at almshouses and jails and, unless looked after, may pass unrecognized. The characteristics of this class are, indifference to self and to physical comfort: desire for self-support is wanting: there is a lack of capacity for self-preservation, which is evinced in the low grade of vitality that exists, and in the circumstance that this class suffer largely during the prevalence of epidemics, from their inability to resist disease. The persons composing this class are unable to govern themselves, or direct their energies. They feel entirely indifferent to society, and seek to hold no relations to it, other

than dependence upon it. . . ."

Later in the 19th century the middle class conscience became increasingly prodded into a recognition of the social problems of poverty and industrial labor. Following the "Jarvis Report" came others which identified problems of various types with poverty. A notable example was the book named *The Jukes* which purported to be an investigation of a particular family in which many varieties of social problems were rampant. R. L. Dugdale wrote this book for the Executive Committee of the Prison Association of New York. In spite of the obvious moralistic bias and unsophisticated method employed in handling statistical data, the ideas embodied in this report were respected for many years afterward. Following is an example of the concepts contained in the book:

"*Crime and pauperism compared* —The ideal pauper is the idiotic adult unable to help himself, who may be justly called a living embodiment of death. The ideal criminal is a courageous man in the prime of life who so skillfully contrives crime on a large scale that he escapes detection and suceeds in making the community believe him to be honest as he is generous. Between these two extremes there are endless gradations which approximate each other, till at last you reach a class who are too weak to be contrivers of crime, and too strong to be alms-house paupers; they are the tools who execute what others plan and constitute the majority of those who are found in prison during their youth and prime, and in the poor-house in their old age. These men prefer the risks and excitements of criminality and the occasional confinement of a prison where they meet congenial company, to the security against want and the stagnant life of the alms-house."

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Reprints from Charles E. Goshen, M.D., Professor of Engineering Management and Associate Professor of Psychiatry, Box B 1729, Vanderbilt University, Nashville, Tenn. 37203

Pinel and After

John C. Nemiah

The average modern psychiatrist may be pardoned if all he knows of Philippe Pinel is that "he struck the chains off the patients." There is less excuse for medical historians who, amidst inaccuracies about his life, have joined a chorus that portrays Pinel as having freed the patients from their iron restraints and having single-handedly revolutionalized the care of the mentally ill in the face of the entrenched opposition of the medical world of his day. Those who have written about Pinel have generally been victims of a disease—a disorder that causes those afflicted to view and interpret the past only in the light of the present. In painting Pinel as a heroic figure, medical historians have created a myth that possibly tickles our fancy, but does not accord with the facts.

To get a truer picture of the man and his work, one must turn to Pinel himself in the writings he has left us. In the introduction to the Second Edition of his *Treatise on Mental Alienation* published in 1809, he set forth the principle that underlay his practices: "The mentally ill, far from being criminals who ought to be punished, are sick people whose painful condition merits all the attentions due suffering humanity, and for whom one should try to reestablish their disordered reason by the simplest measures. . . ." This statement epitomizes Pinel's approach to the mentally ill and is founded on the notion that the insane are capable of responding to their environment. It was a humanistic view of mental illness which led Pinel to the conclusion that the way to treat patients with such disorders was to create around them the kind of human and physical environment that would restore them to their reason and sanity. Here is a man of compassion, of principle, and of action.

For all of his compassion, we have in Pinel something more than a champion of the oppressed. Throughout his writings, Pinel looks upon mental illness as caused partly by physical disorders in the brain; but he lays even more stress on the causal role of emotional factors. His case histories are full of references to losses, frights, deprivation, and personal tragedies as the significant events that brought on a psychosis. By the same token, treatment should employ *moral* measures aimed at influencing the patient's symptoms by whatever psychological and environmental maneuvers would cause them to respond favorably. He removed chains not simply out of human compassion, but because he observed that removing them diminished psychotic excitement and that using them increased it. On the other hand, if he felt harsh treatment would be beneficial, he did not hesitate to use it. Pinel was a therapeutic pragmatist.

Many of Pinel's contemporaries, judging psychoses to be the result of physical disorders of the brain, employed strictly physical treatment measures, such as bleedings, vomits, purges, cuppings, cold showers, and sedatives, often continuing treatment until their patients were entirely debilitated. They considered any mentally ill person who did not respond to their vigorously applied physical remedies as incurable. If the 18th century psychotic patient did not improve after a few weeks of the

treatment, he was transferred (sometimes more dead than alive) for chronic custodial institutionalization.

Pinel's Contributions

It is to Pinel's credit that he recognized that with proper management many patients could take up normal lives again, and he had many ideas about the requirements of therapeutic environment. Patients should be segregated according to their degree of agitation, and bright, clean, airy, warm, and dry accommodations were essential, as was an adequate diet of attractively prepared food. He was aware that useful work and a program of activity were an integral part of treatment and rehabilitation, and he had at least some notion of the value of group discussions. What is equally important, he recognized the need for adequate followup studies and statistics, and the Second Edition of his *Treatise* contains tabulation of the results of treatment over a 5-year period at the Salpêtrière. It indicates that persons with disturbances in affects did better than those whose psychopathology lay primarily in the realm of thought processes—a finding quite in accord with current psychiatric experience. Perhaps of even more importance is Pinel's emphasis on the need for careful, repeated, and long-continued observation of patients with mental illnesses. Pinel's full, vivid, and detailed accounts of his patients' disorders are among his great contributions.

Pinel, however, was not alone in his concepts. In both Italy and England during the 18th century reforms in the management of the insane, including the use of moral treatment, had been advocated and employed for

"Dr. Pinel at the Hospital of Salpatriere" Phillipe Pinel (1745–1826) striking off the chains of the insane. Gravure by Goupil after a painting by Tony Robert-Fleury, 1876.

several decades. Pinel was not working alone, nor was he the first to recommend and institute his treatment methods, even in France. The theoretical position taken by Pinel and many of his contemporaries was opposed by numerous physicians of the day. According to a view of mental illness adhered to by numerous clinicians, mental diseases were the direct result of physiological and chemical disturbances in brain function. For such men, the psychological and environmental factors that concerned Pinel and others like him were of little or no account.

It is important, moreover, to recognize that despite the spread of the ideas and the humane practices that excited Pinel and many of his contemporaries, and despite the growing enthusiasm for moral treatment in the early 19th century, there still remained many problems in the care of the insane. For example, in the 1820's, 2 decades after his reforms in Paris, Pinel's pupil, Jean Esquirol, made a tour of inspection of French mental hospitals. Of the state of the patients, he writes, "Those unfortunate people, stricken with the most frightful of human woes, are more abused than criminals; they live in worse conditions than do animals . . . I have seen them . . . fettered in dens in which one would not dare to keep ferocious beasts which the Government in the Capital supports, at great expense as a luxury."

Either the reforms which Pinel had instituted in Paris had not been adopted throughout France, or there had been backsliding in hospitals which had at one time been more progressive in their care of patients. The latter is indicated by evidence of fluctuations in the quality of care in London's famous Bethlem Hospital. During the 18th century many improvements were made which underwent a serious deterioration in the early 19th century. One patient, James Norris, an American seaman, became a *cause célèbre*. Because of "homocidal mania" he was kept chained to his bed for years in a dark cell, with iron fetters around his neck, chest, and extremities. His discovery caused a national scandal, and led to Parliamentary investigation of mental hospitals. So much general interest was aroused that *The First Annual Report on Madhouses,* made in 1816 to the House of Commons, was printed and sold to the public. It is probable that the state of mental hospitals in France and England, during the whole period under consideration, closely approximated the conditions described in the testimony of this little volume: some good, some bad; the rich getting better treatment and accommodations than the poor; the acutely psychotic receiving more attention and treatment than the chronically ill and senile; the quiet, clean, and orderly patients given more freedom and better housing than the unkempt and dirty; the violent, noisy, and homicidal avoided when possible and restrained by chains if necessary; one hospital improving under the administration of a progressive physician, another backsliding under the neglect of a careless, unfeeling administrator.

Relevance to Modern Psychiatry

What bearing, if any, does this excursion into the past have upon medical life today? If we remove the halo that medical historians have placed upon his head, we find Pinel to be a remarkable man, with some remarkable ideas, derived in part, at least, from his own experience:

that losses and other crises precipitate psychoses

that mental patients respond favorably to a therapeutic human and physical milieu

that, conversely, an unfavorable environment may add features to the patient's psychosis that are not necessarily part of the illness

that patients must be approached with kindness and understanding, but at the same time need limits set to their behavior

that a state of disagreement and confusion among the caretaking staff is reflected in the behavior of the patients

that occupational therapy is valuable

that rehabilitation is an integral part of the management of the patient

that group processes are therapeutic

What is striking is the similarity of Pinel's ideas to those that arouse our enthusiasm today. And there are other similarities between the approaches to mental illness in 18th century France and our own: the running battle between those who look upon psychoses as physiological in origin and those who view them as psychologically caused; between those who would treat mental illness by physical remedies and those who advocate psychotherapy; the cry of shame over the management of the chronically ill; the occasional outbursts of scandals; the appointing of commissions who write lengthy reports with wise recommendations; the crusades to help the lot of patients; the attempts to bring about legislation for the improvement of psychiatric care.

The ideas which Pinel and his colleagues put forward (and the reforms that followed from them) were part of a larger humanitarian revolution that, starting in the 18th century, increased in scope and momentum during the 19th to effect changes in a wide variety of social institutions. By the end of the century many of these reforms had been embodied in laws; the zeal that provided the initial impetus gave way to routine practices that became standardized and institutionalized within a growing bureaucracy. In particular, the care of the mentally ill was circumscribed by the development of large mental hospitals and therapeutic procedures which became more impersonal and ineffective as time wore on. Institutions that had been erected to help the mentally ill were subverted by society into defenses to protect it from the irrational and frightening elements that threatened its surface calm.

Recent years have seen a resurgence of social reform, and exciting ideas and practices are infusing old institutions with fresh life. But is what we are witnessing today true progress or merely a historical swing of the pendulum, merely a cyclic recrudescence of humanitarian reform that will give way to a return of indifference and neglect? Illuminated by a historical awareness of the ebb and flow of the fortunes of the mentally ill over the past 200 years, possibly we can get outside our own little point in time, and with a larger perspective stand off a returning tide of indifference.

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Reprints from John C. Nemiah, M.D., Professor of Psychiatry, Beth Israel Hospital, 330 Brookline Avenue, Boston, Mass. 02215.

Freud's 'Project for a Scientific Psychology': Possible Implications for Contemporary Psychology

John M. Innes

Freud has been perceived as having an influence from outside the general body of psychology, with psychologists paying attention to his work either because of his impact on the public generally or because of his terminology, his use of analogy, to describe the mental mechanisms. But Freud may be of more interest to psychology than has been previously accepted. A study of Freud's early career may have implications for the progress and direction of psychology. Freud may have some lesson to teach modern scientific psychology, both from a reconsideration of some of his early work which may have fairly *direct* implications for some areas of modern research, and from a consideration of the development of his thinking which may have *indirect* implications for the attitudes of psychologists to human behavior.

A classification of Freud's work, one which is helpful in the present context, can be broken into three areas: clinical theory, which was carried out throughout his life and which was concerned with the individual case in treatment; general theory, the abstract theory of behavior which involved the development of models for dream processes and normal behavior in general, and which was largely limited to his early career; and phylogenic theory, the history and development of man over long periods of time. This theorizing developed gradually and is mainly the product of Freud's later years.

The change from general theorizing began about the time of Freud's break from the influence of Wilhelm Fliess, who was audience and critic for much of Freud's thinking up to 1895. The main result of Freud's link with Fliess was his "Project for a Scientific Psychology." The Project was an attempt at a psychology of behavior in general, not just of abnormal behavior, and at the same time it incorporated physiology into the theory and made deductions of behavior from a limited number of assumptions.

In the Project is Freud's early theory of consciousness which attempted to explain a large portion of normal behavior. It has been largely ignored, overshadowed by the later work on psychosexual development. Freud himself largely abandoned the attempt to explain normal behavior, except of course for dreams. Following the break with Fliess, Freud began to write much more speculative material, being little tied down to the structural requirements of physiology, and inventing concepts on an ad hoc basis when required. This later work has been questioned because of its inconsistencies. But Freud himself acknowledged these inconsistencies. He was annoyed with the tendency of his followers to accept what he wrote as holy writ instead of understanding, criticizing, and developing it.

Whatever the reasons, following the Project Freud ignored physiology. He seemed to regard the physiology of the time as being unable to cope with a theory of behavior. Although Freud gave up physiologizing, we must note that later writers have considered Freud's neurology in the Project to be a sophisticated model matching anything current today.

Freud's Project

Freud's Project was written in 1895 and never actually finished.

Freud identified three main systems of neurons to explain behavior: (1) what we would now call the specific projection system, the nerves from the sensory receptors; (2) what he called the nuclear system, networks of neurons stimulated by the projection systems and by internal receptors; and (3) the cortical system which mediated the perception of stimuli, the appearance of consciousness. It is in the nuclear system network that Freud sited the ego. The neurons in this system are characterized by a constant cathexis, i.e., nonpropagated neural excitation which leads to transmitted excitation only under special circumstances. Cathexis seems equivalent in fact to facilitation. Such a constant cathexis alters the passage of excitation between neurons and makes possible the facilitation, and the inhibition, of excitations from the projection to the cortical systems.

Attention is a precathexis of the perceptual neurons arising from indications of quality in the cortical system. Quality arises from the transmission of frequency of excitation which for Freud is transmitted without inhibition at the contact barriers between neurons (synapses) unlike quantities of excitation. Indications of quality intensify the precathexis of the perceptual neurons and so the course of a perception can be guided through the network of the nuclear system. If there is no precathexis, then the excitation will pass along a path of least resistance and will split up, eventually becoming too weak to be transmitted further, unable to overcome the contact barrier between neurons.

Now there is a need to introduce a process whereby the ego can guide the course of excitation as a result of past experience, i.e., the capacity of the ego to learn to attend. Precathexis requires the presence of indications of quality and these do not appear during the process of association; they only arise from perception. Freud introduces speech associations, linking of neurons in the nuclear system with neurons of auditory images which are in turn related to motor speech-images. So if a memory image is cathected or stimulated and this is accompanied by reports of a discharge, these are indications of the memory being conscious. So a precathexis of these verbal images can lead to a discharge of quality. Freud introduces the idea of conscious, observant thought.

The indications of quality are not essential to thought. Freud admits that there may be a common thought process in which indications of quality are never, or only occasionally, aroused, due to the ego following the course of association with cathexes automatically. This is conscious thinking with unconscious intermediate links, which can, however, be made conscious. These intrusions into consciousness are what we might call free associations. However, attention to quality ensures the impartiality of the course of association. The ego has wishful cathexes which may influence association, and a protection against such bias is the direction of quantity to indications of quality which cannot produce such diversion.

Implications for Current Psychology

The principal area in cognition on which Freud has had an impact has been in verbal behavior, especially work on word association. Current models of word association processes emphasize the networks of associa-

tions which may govern memory, free recall, and problem solving. If we ignore for the moment the physiological basis of Freud's theories, then we might regard the neuronal nets as akin to networks of verbal associations. For Freud, changes in the passage of excitation from one neuron to another could be altered by the direction of the attention to that association, i.e., by a precathexis of the association. Work on the priming of word associations uses a similar idea. Freud suggests that in a network of associations the cathexis of a number of associations will increase the likelihood of a particular memory in the neighborhood being produced. Within the verbal behavior literature there is still controversy over the best way to characterize the process and product of verbal learning. One is hesitant to suggest that experimental psychologists would have arrived at the concept much earlier had they looked at Freud more dispassionately; but certainly he expressed ideas that in the present climate of opinion might well help in understanding cognitive behavior.

Freud was originally a neurologist and he had made a considerable reputation before his studies of hysteria. In the Project he attempted to give a physiological model for behavior, and this model has stood the test of time well. However, Freud started from a study of *behavior*. His data may not have been gathered by methods acceptable at the present time; nevertheless he looked at how people acted. He was unable to account for the observed behavior solely in terms of the passage of neural excitation, so he introduced the concept of contact barriers or synapses and the idea of cathexis, of graded, nontransmissable potential.

Freud was attempting to analyze behavioral concepts such as association and memory and trying to find, in the Project, reductionist explanations in a few neurophysiological concepts. He was building a "conceptual nervous system," and apparently it was quite sophisticated even by present-day standards. Even so, several things could not be explained in these terms, for example, the judgment of identity between a previously established memory trace and input. Freud's direction was not from the simple to the complex, but rather he started with complex behavior and found it necessary to invent a psychological system to account for the behavior that he observed.

Early physiology led psychologists into blind alleys of controversy. Remembering the limitations of the human being as an information processing device, perhaps psychologists might understand more by ignoring physiology, both implicitly and explicitly, and developing constructs for the explanation of behavior when the data require it, rather than when a physiological model requires it. Present-day psychologists may well learn something from a consideration of Freud's treatment of behavior and its relationship to physiology.

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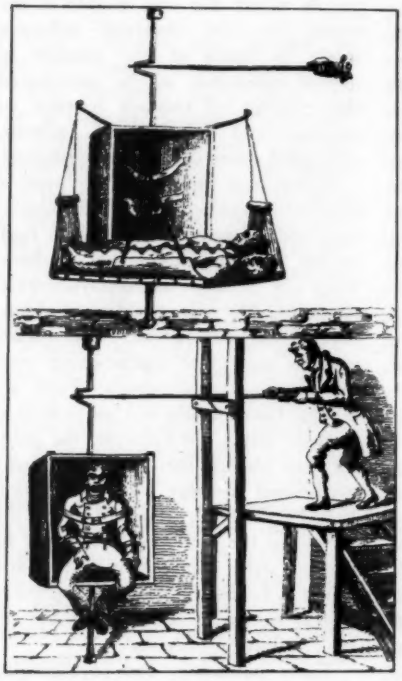

The circulating swing—considered a anti-maniacal remedy. Engraving from W. S. Hallaran's *Practical observations on the cause and cure of insanity*. Cork, 1818

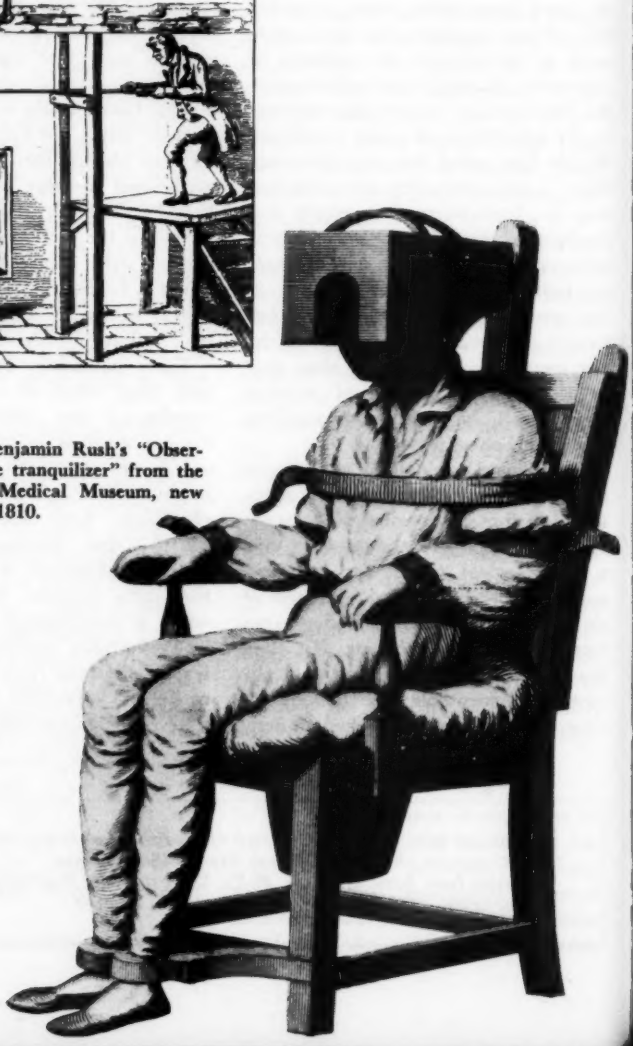

Plate from Benjamin Rush's "Observations on the tranquilizer" from the Philadelphia Medical Museum, new series vol. 1, 1810.

William James on the Will

Gardner Murphy

The idea of freedom of choice has been, through most of philosophical history, the capacity to defy nature's sublime order of predetermination. It has meant that at specific points in time and space there are multiple possibilities. If one had complete knowledge of all the foregoing events in the structure of the universe, one still could not tell what a man would do. This conception of freedom was psychologically necessary in a period in which men were breaking with the past, establishing empires, committing wealth and life to what they conceived to be directions never previously defined by God or man. But throughout history there has been some supernal muddle in the conception of freedom.

This can be unmuddled, without too much difficulty, in historical terms, if we note that the term "freedom" meant independence of the coercion of natural events and of coercion by one's fellows. Slaves were not free, for they were coerced by other men. Even the plebians were relatively free, in the military and mercantile sense. The patricians and senators of Rome had real freedom. When philosophers looked at the face of the earth and sea, and saw genuine decisions being made, these were, by definition, free. The broader the perspective which a philosopher maintained, the more fully he saw the possible lines of conduct, the more fully he understood the world, the freer he was to control it. The more fully a man understood, the more fully a man realized the deeper springs of his own insight and his own choice among the paths upon which he might wish to walk, the more fully his freedom would be expressed. From this point of view absolute freedom would belong only to a person who fully knew the external possibilities and the internal cravings, at all their many levels and in all their tortuous complexity. Free will, in this sense, would be the fulfillment, the utterly complete, lawful, godlike fulfillment, of man's outer and inner destinies in the white heat of reality in which they combine.

What could it mean to ask if a man were free in the sense of *independence* from such lawfulness, the structured determination of outer and inner? To assign the term "freedom" to utter independence of what one is, seems to be a travesty upon words. This is, however, exactly the sense in which most people use the term "free will." The term "freedom," on the analogy of military and economic decisions, is used to mean independence of constraint, and then, a moment later, one is warned against the constraint exercised by one's own human individuality. One is told that one must not accept a philosophy of determinism, even when determinism means the most complete and lucid integration of all the components which are meaningful for human decision.

The issues may be clarified by reference to two phrases coined by William James, for whom the will became, in his early manhood, an obsession; an obsession to which he constantly tried to add a definitive formulation. I will first discuss these phrases as he used them in his address entitled "The Dilemma of Determinism," and shall then go on to his essay, "The Will to Believe," and

to the discussion of the process of free choice as these appear in the *Principles of Psychology.*

The phrases in question are "hard determinism" and "soft determinism." Hard determinism is fatalism. It is the doctrine that the surround, within which we live, is a prison, the walls and bars of which set absolute limits upon where, in the world of reality, we may actually go. Soft determinism, on the contrary, is the doctrine that I have been describing, to the effect that our own nature can be realized in greater or lesser degree in what we decide to do. Determinism need not be external and coercive and hard, but may be soft in the sense that it is we ourselves, all that we are, that make the decision.

After years of great suffering, with unbearable fatigue, aches, and pains, self-hate, and a sense of utter futility, James had been saved for a new life by reading Renouvier on the freedom of the will. He had then suddenly come to the conclusion that by his own free and autonomous spontaneity he could choose to be well. There he lay, a sick man, wretched soul, unable to move. Renouvier, however, had told him that he could march. And he marched. James actually opts for freedom in the metaphysical sense, the sense of a completely disjointed relation between past and future. Where the past receives the future, James believes that there is an autonomous selection of one course rather than another. The reasons may lie partly in the adventuresome freewheeling of the James family, partly in the eager universal exploration of James into things of the spirit, partly in James' own suffering, and partly in the electrical effect of a philosophical formulation which broke with all determining bonds with the past. I would say that it is really a perfect vindication of soft determinism; for it is exactly the kind of a decision which a man like James, in his era, in his context, and with the creative possibilities around him, would feel to be the most creative and original solution.

In the address on "The Will to Believe," the central thesis is that, when the evidence is not all in, an act of will may so rig the situation that the world will turn into what we want it to be. It will, in point of fact, become the realization of our dream through a self-fulfilling prophecy, giving a creative vitality to our moment of decision. This suggests a circular, or perhaps, spiral type of relationship between predetermining circumstances and ultimate response. The metaphysics of time and space is not all in; in fact, it seems almost to be starting all over again today. Anyone who would impose upon us that in which William James called a "block universe," a universe in which there is no "give," no flexibility, will have to keep listening to the dozens of odd, dramatic, charismatic senses in which James might prove to be right. There might, in other words, be a creative reality, the entry of a new character on the stage which changes the solemn lines of an unending and eternal drama.

In his *Principles of Psychology,* we have James at his incomparable best, in terms of description of the five types of decision: "The first may be called the *reasonable type* . . . the arguments for and against a given course seem gradually and almost insensibly to settle themselves in the mind and to end by leaving a clear balance in favor of one alternative . . . In the *second type* of case our feeling is . . . that of letting ourselves drift with a certain indifferent acquiescence in a direction accidentally

determined from without . . . In the *third type* . . . when the absence of imperative principle is perplexing and suspense distracting . . . 'Forward now!' we inwardly cry, 'though the heavens fall'. . . . There is a *fourth form* of decision . . . we suddenly pass from the easy and careless to the sober and strenuous mood. . . . In the *fifth* we feel, in deciding, as if we ourselves by our own wilful act inclined the beam . . . (The) slow dead heave of the will that is felt in these instances makes of them a class altogether different subjectively from all the three preceding classes . . . it is a desolate and acrid sort of act, an excursion into a lonesome moral wilderness." This last type of decision emphasizes how we view all the outer and inner environing circumstances without prejudice, but then make the decisions ourselves.

The whole modern impact of James' luminous contribution is in danger of being deflected to this one metaphysical issue, the issue of the meaning of freedom, while his rich, beautiful, and modern conception of how the will actually operates has been almost forgotten. I believe that to an empirically oriented historian of psychology, and in particular to one who is interested in contemporary research, there are few ideas as fundamental and valuable as the full working conception that James developed regarding the nature of voluntary processes.

This working conception involved five essential ingredients: First, the conception of effort, the "dead heave of the will." Second, the conception of attention: Effort consists of the selection, from among the possible ideas which might influence conduct, of one idea rather than a competing idea. Third is the conception of attention as moving freely among the contents of consciousness, the transitive as well as the substantive states, identifying one for sanction, imprimatur, executive function, or authorization, pulling it into the center of consciousness. Fourth, holding this idea firmly within the structure of the mind. And, of course, in and through all this system of Jamesian suggestions is the fifth suggestion, the notion of ideomotor action in which the central idea releases, triggers, gives life to, the waiting muscular system. How many times we hear today that our theories of learning do not tell us precisely how central functions, whether conceived in cerebral or in ideational terms, actually precipitate motor action! One reason is that we have forgotten James.

There are three good reasons why the problem of the will has usually been regarded, from the modern research viewpoint, as inscrutable: First is the fact that it moves so fast. The factors pro and con may be building up for years. Why did they take shape at the moment of decision? A moment ago we did not know how we would decide. Now we have decided. Secondly, the act of decision, as we loom upon it in the lives of others, seems to spring from the interaction of their characters and their environments. Our own decisions of long ago may take on the same quality of reordination. To say that we are caused, and that we are uncaused, are equally repellent to the intellect. Derived from both of the foregoing difficulties is the third: the sheer fact that the will—whatever it is—has not, up until now, been directly observed. One obvious reason for this is, of course, that we observe what is in consciousness, and not what is below the threshold of consciousness, and there is every reason to believe, from clinical and experimental findings,

that the act of will is, to a considerable degree, controlled by unconscious forces. Even that part of the total array of conscious activity which just precedes the decision is literally unobservable, for if the observer is busy watching, he is not busy deciding. The situation is, for all three of these reasons, wholly rigged against finding a solution to the problem of the will through utilization of the classical methods of observation.

All that is needed is an instrument with tremendous gain, that is, capable of enormously magnifying slight physiological effects so that we can see them spread out broadly on a panel; and at the same time, the techniques of slow-motion-picture photography by which that which seems to come instantly can be shown to occur over hours or weeks of time. We can see on the panel the development of a complex of tension patterns which precede the massive thrust of a new movement. We can, at the same time, feed back to the individual a little knowledge of what his brain and muscles are doing. He can watch, as he decides, again and again, how his earlier decision processes were registered, and indeed, where they came from. We have all these tools, and more being invented. Reaction time was measured in Leipzig in 1880, and from reaction to simple stimulation there followed reaction to complex materials among which decisions and discriminations must be made. Precision in time measurement was not at first possible for complex processes, but this is exactly the kind of thing which is now becoming possible.

It may be that William James was right in thinking that an act of will consists in taking hold of some marginal impression in the mind, some little suggested possibility of action, and, with unified effort, pulling this vague thought out there in the margin of the mind into the center, where, when once attended to, it can precipitate action, trigger into being the full-fledged bodily expression of a decision. The will would be an inner process rooted in the fact of attention. Since acts of attention are already yielding to some experimental and psychophysiological analysis, there is no a priori reason why we might not soon hope to see exactly those effortless acts of attending which James described, and look at them with a microscope, or with instruments with sufficient gain to permit the free examination of the time-space pattern. We would also be investigating the threshold dynamics, that is, the factors which determine whether an impression can get over the threshold and appear in conscious life, or would remain unconscious. We might study the ways in which the threshold is itself manipulated by the impulse system; that is, making oneself more sensitive to certain types of activities in the environment, more ready to observe them, and less ready to observe those which compete with them.

With a burst of new information by using the new methods at hand, we may rapidly increase our competence in predicting the predecision and decision processes. It does not follow, however, that we shall reach a level of satisfactory prediction as it is used in the more exact portion of the world of physiology. It is just as likely that we shall find ourselves approaching a limit which is actually not full prediction, but a point considerably below that. There may be much inherent inefficiency to cause a substantial gap, so with all the best that we can do we have reached a realm of unknown significance to us,

perhaps removable by later instrumentation or conceptualization, but perhaps not.

The other possibility is that we may be dealing not with smooth curves of the sort I have suggested, but with step functions, or sudden jumps. If the jumps grow smaller and smaller it may be that a jump will never occur which would carry us over the last gap. But in view of the modesty of the scientific enterprise, as suggested in the uncertainty principle, it may well be that we shall never know whether there is a last jump coming, or whether, in all eternity, it is more reasonable simply to rule it out. If we use the conceptual and instrumental devices of today, we should believe that we shall close in on the will in quite a different sense, namely, that we shall be able to state more and more clearly what the various components in a voluntary decision are, particularly those related to the ego and superego.

But we have still left out the issue of smoothly rolling function versus bound energies, blockage, inhibition, in short, the world of conflict. If there is one force which suggests the possible fulfillment of a need of whatever sort, and if there are no countervailing factors, we would expect, on every basis, that the early phases of the decision would run smoothly and rapidly, and that we should then find ourselves having done what we wanted to do. The will, however, is an expression of alternatives and of choices in which something must be given up, or pain accepted as a way to avoid another pain, or achieve a positive goal.

From this viewpoint it is interesting to try to use the language of information theory, and the engineering situations which information theory strives to clarify. The conflict situation which we have just described is a situation involving coercive and restraining forces. The problem is overload, overcrowding of the channels. One reason why the will is so bumbling and inefficient lies in the sheer complexity of human innate and acquired needs, symbols, and values. Often, an apparently trivial decision precipitates a moment of self-hate, or indeed a family quarrel, and it becomes obvious that the "trivialities" of the moment are really representatives of awesome moral issues which lurk behind.

As with James, the whole of the vast battle arena of human impulse and human conflict lies open to observation in the split second of an intentional—or unintentional—act. Clinical observation has unraveled many of the threads involved in such decisions. If to these clinical observations can now be added experimental, physiological, instrumental modalities of observing, we may hope to understand, better than we do today, how the mighty forces of a cultural tradition, the deep intimacies of a personal life, and the subtle inwardness of a struggle between goals, may all be observed a little better, and understood a little better than before.

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Reprints from Gardner Murphy, Ph.D., Department of Psychology, George Washington University, Washington, D.C. 20006

The Journal of American Psychology: A Pioneering Psychological Journal

Rand B. Evans

Arthur Conan Doyle in "The Hound of the Baskervilles" mentioned an article by a James Mortimer, M.R.C.S., published in the *Journal of Psychology* for March, 1883—four years before the first number of G. Stanley Hall's *American Journal of Psychology,* generally accepted as the first psychological journal in the English language. James Mortimer and his article are fictional, but the journal mentioned may have been inspired by a genuine publication. The *Journal of American Psychology* was short-lived, lasting only seven numbers between April 1883 and October 1884, but the list of subscribers seems to have been of good size for its day. The *Journal of American Psychology* was devoted to mental illness, the legal rights of the insane, and the practices of mental hospitals.

The journal was put into print as the organ of the National Association for the Protection of the Insane and the Prevention of Insanity as a "textbook for members" and to promote the goals of the organization. The Association had been formed in Cincinnati in 1880, and among its stated purposes was: *"Keeping the people and the medical profession more thoroughly informed as to the condition of the insane, the spread of insanity throughout this country, and of the progress of lunacy reform. The Association shall carry out its work by means of public meetings, by the personal work of its committees and corresponding members, and by the publication of a Bulletin, which shall be the official organ of the Association."*

That bulletin grew by 1883 into the *Journal of American Psychology,* with Joseph Parrish, M.D., of New Jersey as editor. The contributors to the journal were primarily private practitioners in psychiatry and the administrators of mental hospitals, both in the United States and abroad. The content of the journal makes it a good source of material from this early period of the mental health movement.

At the end of the journal's second number, signs of worry about financial support became clear. By the fourth number of the first volume, it was necessary to shorten future numbers to make the journal a financial success without increasing the price from the original $2.00 per volume. Finally publication ceased after its October, 1884 number without published explanation. A letter from P. Blakiston and Son, the publisher of the journal, in reply to an inquiry from the Librarian of the Surgeon-General's office stated simply that "the proprietors of the *American Psychological Journal* have decided to discontinue it for the present on account of a lack of support."

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Reprints from Rand B. Evans, Department of Psychology, Wright State University, Dayton, Ohio 45403

Delivery of Mental Health Services in the City of the Future

Harold D. Holder and Rebecca T. Dixon

Within the next 25 years, the future of the city has been described as dark. We are threatened with the inadequacy of the environment to support man in the future if man does not responsibly change his behavior concerning both population and ecological needs. Drawn from this, one could predict many areas in which mental health services are needed: (1) continued large increases in mental health cases and the expansion of mental health services and facilities to every community; (2) large increases in the number of cases diagnosed as schizophrenic, and therefore, greater needs for hospital services; (3) increased demands for individual therapy, family therapy, group therapy, and training in "lifemanship," and therefore, increased needs for private and public psychiatric and counseling services; (4) new and increased demands for treatment and education of emotionally disturbed and other exceptional children and adolescents; (5) extensive use of drugs by large segments of our youth and adult populations, with a byproduct of greater numbers of drug-dependent and abuse admissions to hospitals, or their needs for other services; and (6) increases in alcoholism and demand for detoxification.

The city as a complex, adaptive system experiences basic structural (morphogenic) changes produced by internal and external pressures, which are necessary for system survival. While negative feedback is operating to maintain the status quo, positive feedback is working to increase deviance and change or to break down previous order. This disorder is expressed in increased deviance (away from the norm), heterogeneity, and variety in individual behavior, which leads many observers to make predictions of increased mental illness and need for services.

Concepts of Future

A popular concept of the future implies a state of affairs at a distant time which is drastically different from today but for which we can anticipate and plan. This implies known or predictable results based on knowledge of the present (T_1). We might express this as, "If event or state A exists at T_1, then B will exist at T_n." We propose working with intermediate future with probabilistic outcomes, i.e., "If A at T_2, then B_1 or B_2 or B_3 or B_4 at T_2."

Thus, the city of the future is and will remain an unknown except as its reality exists in our immediate future. The future exists in immediate increments of time and in adaptation to these immediate increments and not toward an anticipated specific future. Relevancy to the city of the future, then, lies in the adaptive capability of the mental health system where the immediate increments are more important than long-term states or situations which cannot be accurately predicted.

Intervention in the Future

How then can mental health prepare or program for the future? First, we can forecast the future based on history, statistical predictions, prophecy, or hunches, and such forecasts may be accurate; but these forecasts suggest no means of intervening in the events as we have pointed out in

our prediction of the mental health needs of the city of the future. Second, expectations about the future can be generated through explanation. Explanations, while making predictions about the future, provide in addition an understanding of the past and suggest ways to intervene and control future events. Therefore, to intervene in the future, we need explanatory theory.

Without understanding, man is controlled by the systems of his own construction and by those naturally existing. To maintain control over systems, whether natural or man-made, intellectual constructions or theories are the first step. However, to date, the development of social theory or theory about large, complex social arrangements has been less than adequate and consequently attempts to solve social problems or gain control of complex social systems have not at all succeeded. The responses to problems in cities of the future require more than simplistic, stimulus-response conceptualization.

Valid theory of the complex social systems with which we attempt to cope is required in order to effectively intervene in and manage their counterintuitive behavior. Such theory which can be based on a general systems perspective can enable man to design, construct, and participate in responsive, self-directed systems in which adaptation is engineered by the system, not the consequence of pressure. The behavior of such a system results from input from its environment as well as understanding which explanatory theory coupled with relevant methodology can produce. Therefore, we argue for the development of a general systems theory of mental health on which a purposeful system of services can be erected.

Mental Health in the Community Context

Mental health systems have historically acted in a capacity of social control for communities. Community systems were able to extrude persons who were deviant and therefore disturbing to the community. Those persons were labeled "disturbed" or "mentally ill" and were then taken into the mental health system and often treated in the State mental hospital. Since the 1950's the concept of mental illness has given way to a more positive view of mental health, and the mental health system has moved from concentration on centralized treatment at a State hospital to more comprehensive treatment programs and facilities in the community system. The mental health facility has become an active participant in, and, thus, under, the direct control of the community system.

Communities have assigned mental health the task of keeping person systems in roles and performing tasks assigned to those roles in ways that are acceptable to the community system. Traditionally, this function has been filled by individual-to-individual responses commonly called treatment. Mental health systems in communities are increasingly realizing the inadequacies of interacting with individuals alone and are more aware of the dynamics and complexities of the social arrangements in which their programs exist and participate. Mental health is thus affecting and affected by the mutually causal interactions among community institutions between institutions and individuals, and between individuals.

As a community subsystem, mental health must act as a protector of the existence of the community so that it can ensure its own survival. Since increases in the variety of individual behavior can threaten the current

organization of the community, the mental health system to protect the community and itself acts to decrease variety. Individuals who may not find current role assignments satisfying or sufficient resist attempts to increase role conformity as evidenced by high rates of recidivism in community mental health programs. This community subsystem seems to be in a state of tension and disorganization which is characteristic of the revolution evidenced in our society today. Advocating for the growth and diversity of individuals, which means supporting people in being more than the roles they occupy, is often in direct conflict with the expectations of the community. A solution to this dilemma in the future is for mental health to give attention to both community and individual systems where change results from intervention at both levels.

Mental Health General Systems Theory, and Systems Methodology

General systems theory has had mostly epistemological relevancy as it influences our way of thinking or looking at the world; i.e., a systems perspective. There does not exist a bounded or even identifiable phenomenon which we can point to and call "general systems theory." There are few examples of general systems theory being used to develop operational theory and to our knowledge no instances have occurred in the social sciences.

At present, except for outlines of how systems theory could be used, it has remained insulated from the mainstream of mental health services. Systems methodologies are enjoying a certain vogue in mental health as a social problem area. While we are participants in and actively support such applications of systems methodology in mental health, the current limitations and long-term inadequacies of such methodologies without an adequate theoretical base have become increasingly clear. Having no robust explanatory capability, current systems methodologies are serving to make doing "business as usual" a more efficient operation and are perpetuating many errors of the past. For mental health to be adequate and relevant in the future, it must do more than propagate current social arrangements. Theory needs the stimulation of activity to develop; application needs understanding to make itself purposeful.

A Systems Theory of Community Mental Health

Rather than simply advocating a general systems theory of mental health and leaving its development to others, we would like to outline one way in which such a theory might be developed. Here we propose that professional mental health programs, services, facilities, and so forth, to the degree that they are organized and managed, constitute a "system" or a series of linked systems in exchange. This system as a participant in the community is a component in the community system C. The basic structural elements of this system are roles which people (person systems) occupy. The roles are defined by position with reference to other roles in the community and a set of tasks assigned to the role.

C is open and morphogenic (adaptive) and strives to maintain a steady state of negentropy or degree of organization. The mission of the community is to survive or to arrest its internal entropic slide—the natural tendency toward disorganization. To fulfill its mission, C must meet three goals: (1) produce goods and serv-

ice for exchange within its suprasystem (environment). That is, it can arrest the tendency toward disorganization by importing energy from its environment via exchange of goods and services and therefore supplement its own energy needs; (2) maintain a desired state of organization through the structural units or roles of the community system to carry out tasks which will enable exchange to take place with the suprasystem; (3) maintain a state of viability for change as required by external (suprasystem) and internal (organization) pressures. Without the capability to change, entropy, disorganization, and eventually death will result for C.

The community system contains six institutions to meet its three goals: The first goal, productivity and exchange, is fulfilled by the economic institution. Viability, the second goal, is fulfilled through the following: the familial institution produces and maintains the emerging, person systems (potential roles incumbents); the religious institution provides values and symbols which make C rewards and punishments salient for person systems occupying roles; the educational institution trains person systems to satisfactorily perform tasks assigned to roles; the welfare institution maintains the security and well-being of person systems and C property and thus works to maintain adequate role performances. The goal of organization or cohesiveness is the responsibility of the political institution which serves a regulatory and control function for other institutions.

Mental health as a community participant is a component of the welfare institution. Its primary assignment has been to transform or change person systems which are not satisfactorily fulfilling assigned roles back to more adequate performance. Failure to maintain adequate role performance has been considered "deviant," "disturbed," and "sick," therefore requiring intervention at the person system level.

This outline provides a framework in which a systems theory of community mental health could be developed which would demonstrate the linkages not only among roles but among institutions as well. The community determines the ultimate mettle of the decision of mental health programs; for although persons may be individually served currently, the final return is forged in the total mix of a community system. However, the community is not more valuable than the individual. In fact, we advocate the primacy of individuals over any given social arrangement, and if an arrangement is dysfunctional or destructive for people, it should be altered. In fact, advocating for individuals who live in the context of complex and difficult-to-comprehend social arrangements, leads us to urge a systems theory of community through which these arrangements might be made more viable for people. Without means to effectively intervene in and thus control such systems, their negative and positive effect on the lives of people who live in them will not be easily understood.

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Programmed versus Face-to-Face Counseling

William M. Gilbert and Thomas N. Ewing

Practically all theories of counseling would predict more favorable outcomes from face-to-face counseling than from clients using a written booklet in place of the counselor. However, no empirical evidence exists, and if one assumes that a human counselor has a limited number of responses in counseling, then a booklet incorporating these responses might accomplish the same ends as a live counselor. If programed counseling can be shown to be acceptable and effective, significant progress may be made in solving the national shortage of counselors. Such a counseling manual will not replace counselors, but it may reduce the time counselors must devote to their clients.

In addition, if programed counseling is successful, a beginning will have been made in the area of methodological research. With half of the counseling dyad completely controllable, differences in viewpoints, in order of presentation of material, in content, or in emotional tone could be manipulated experimentally.

Experimental Procedure

Four Ph.D. counselors with an average of more than 10 years' counseling experience conducted one-session counseling interviews with 386 male students planning to enter college. Each counselor interviewed about 25 students under each of the three conditions in which a counselor was present. The interviews were conducted under four conditions: *Normal–1*—the counselor conducted the interview in his usual fashion; *Normal–2*—interviews followed the counselors' participation in the writing of the Self-Counseling Manual; programed counseling; simulated programed counseling.

Programed counseling—The student read the Self-Counseling Manual which was a branching, programed book designed to cover topics which would normally be covered in the interview. The content of the manual was determined by having 15 experienced counselors list the topics they most frequently covered in precollege interviews. These topics then were assigned to various "chapters" of the Self-Counseling Manual. The topics included interpretation of aptitude and interest tests in relation to curricular plans, discussion of the student's expected level of achievement and areas of strength and weakness, personal factors affecting success at the University, evaluation of college plans, study skills and reading, and the possible need for further counseling. The manual was so constructed that all students read a large portion of it but branching was provided in accordance with the student's own reaction to certain aspects of the contents.

Immediately preceding the counseling interview, the student completed a questionnaire which included sections on college major, vocational plans, academic achievement, abilities, interests ,and expected problem areas in college. Immediately following the interview, the student completed the same questionnaire and also indicated which problem areas were covered in the interview and how helpful the interview was in each area. Also he indicated his reactions to the interview. During the last 2 weeks of his 1st semester in college the student

again filled out a questionnaire in which he stated his planned college major and estimated his abilities and interests.

Comparison of Counseling Conditions

Client reactions to four conditions of counseling—Student ratings obtained immediately following the interview were made on a five-point scale ranging from a rating of 1 ("not helpful") to a rating of 5 ("very helpful"). Favorable ratings were obtained for all counseling conditions. Normal counseling was preferred over programed counseling in several instances; however, the percentage of "very favorable" reactions to programed counseling suggests that many students were well impressed. The absence of significant differences between ratings of programed counseling and simulated programed counseling raises questions about the alleged importance of personal relationship in counseling.

Coverage of client problems and ratings of counseling helpfulness.—For each of 23 problems the students indicated whether or not that problem was covered in the interview. If the problem was covered, the student was asked to indicate how helpful the interview was in regard to that problem. As compared with programed counseling, Normal–1 counseling resulted in significantly more favorable mean ratings on 9 items and Normal–2 counseling was rated more favorably on 14 items. Students perceived more help received under normal counseling conditions but rated programed counseling favorably also.

Normal counseling was perceived as providing more help on fewer occasions, and programed counseling was perceived as providing less help on more occasions. This was especially characteristic of the personal problem areas and may indicate that the counselors were more effective in selecting important adjustment factors and that they devoted more time to these than was done in either the programed or simulated programed conditions and thus covered fewer problems.

Flexibility of coverage was measured by a biserial correlation computed between degree of severity of problem as rated by the student before counseling and whether or not th problem was covered in the interview. The results indicate significant correlations as follows: 17 correlations for Normal–1 counseling, 13 correlations for Normal–2 counseling, 10 correlations for simulated programed counseling, and 7 correlations for programed counseling.

Training effects of preparing and using the counseling manual—A comparison was also made of Normal–1 counseling (which occurred before the counselors participated in the writing of the Self-Counseling Manual) with Normal–2 counseling (which followed this collaborative writing task). On a questionnaire administered at the end of the first semester in college, Normal–1 students listed more topics as not adequately covered than did Normal–2 students. Thus the importance of the counselor experience in the writing of the Self-Counseling Manual tends to be supported.

The exaggerated importance of the personal relationship factor—No significant differences were found in the general reactions to counseling between the programed counseling (no counselor present) and the simulated programed counseling (counselor present). However, ratings of problem area coverage and help received suggest that the personal relationship is

of some significance.

Changes in the self-concept—Changes in the self-concept during counseling as reflected in altered estimates of ability, interest, probable success in college, and appropriateness of curricular choice also were compared for the four conditions of counseling. In the case of each ability or interest the student estimated the tenth of the freshman class at the University of Illinois in which his score would fall. The estimates were made by each student immediately preceding and immediately following his counseling, and also during the last 2 weeks of the first semester in college. Data for a control group also were obtained.

In a comparison of the four counseled groups with the noncounseled control group in regard to the degree of error reduction following counseling in estimates of scholastic abilities, the results indicate that all four counseled groups showed greater error reduction than did the control group. In order to ascertain whether these reductions in error estimates were temporary or persistent, the subjects were asked to make the same estimates toward the end of the semester 5–7 months later. Results show significant reductions in errors of estimated academic ability for all counseling conditions.

A similar analysis of changes in errors in estimating interests was performed. Significantly greater error reduction occurred for counseled students than for the control group, and programed and simulated programed counseling resulted in significantly greater error reduction than normal counseling. These error reductions for interests did not persist to a significant degree to the end of the first semester.

Changes in evaluation of curricular choice and scholastic expectations—Student estimates of suitability of abilities and interests for their chosen major field were compared with estimates based on test data. These estimates were obtained both before and after counseling, and error scores were computed. Reduction in error was obtained only for programed counseling. Also, counseling had the effect of changing student estimates of probable grade point average and expected hours of study and in most cases changes were significantly greater than changes in the control group.

Not only was programed counseling acceptable to students and had sufficient coverage and flexibility, but also the effectiveness of the procedure in producing significant, persistent changes in self-evaluations was demonstrated. Therefore, effective learning or appropriate changes in important self-concepts can be achieved without the presence of the personal relationship previously considered to be so important in counseling. Also, even experienced counselors showed improvement in their counseling following preparation and use of the programed materials.

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Psychodrama with Deaf People

Lynette Clayton and Luther D. Robinson

The Mental Health Program for the Deaf is a pioneering effort at Saint Elizabeths Hospital which integrates services, training, and research and uses special communication techniques to provide optimum treatment and rehabilitation for deaf patients. The program is now based in a 30 bed facility where both hearing and deaf patients are integrated for program purposes.

Psychodrama is particularly relevant to deaf patients because it is an action method of therapy through which deaf people can express themselves totally and spontaneously. Because of its versatility, psychodrama can be used with both the low and high verbal deaf. In carrying out this technique the therapist uses multiple communication methods: vocal, lip reading, sign language, finger spelling, and acting. Psychodrama can be used to bring into sharper focus an issue or problem that has been outside of awareness and produce a change in perceptions which leads to changes in behavior.

Dr. J. L. Moreno, the founder of psychodrama, describes the elements in a psychodrama session as follows: "The chief participants in a therapeutic psychodrama are the protagonist, or subject; the director, or chief therapist; the auxiliary egos; and the group. The protagonist presents either a private or group problem; the auxiliary egos help him to bring his personal and collective drama to life and to correct it. Meaningful psychological experiences of the protagonist are given shape more thoroughly and more completely than life would permit under normal circumstances."

The psychodrama method utilizes a number of techniques to achieve therapeutic acting out and change of behavior. The major techniques are role reversal, doubling, mirroring, soliloquy, and asides. These techniques help in warming up and expanding perceptions. The basic unit of behavior which psychodrama looks at is role, "the functioning form the individual assumes in the specific moment he reacts to a specific situation in which other persons or objects are involved." In psychodrama the roles taken in a situation are diagnosed. They are then expanded and developed so that interactions in a situation become clearer. Roles can be taken without words. The roles of window shopper, or surf fisherman, for instance, are often taken without words. Other more interactive roles such as factory assembly line worker have little or no verbal components. Some very emotional roles such as panicked hysterical mother or withdrawn pouting child are expressed primarily through body actions. Other roles have high verbal components reaching a peak perhaps with the university graduate student who is able to discuss ideas and concepts without needing to move his body much at all.

Nonverbal mimic aspects of role—The deaf person naturally acts the nonverbal components of such roles and is more attentive to them. The use of pantomime and concrete illustrations which are necessary with low verbal deaf people when language development has been meager are a part of acting in psychodrama. Sign language employs mimic symbols and a number of low verbal deaf people

have developed their own variations which are not formally correct but have special meaning for them. One of the men in the group, for instance, makes all signs from his nose, which usually denotes cursing.

Verbal components of role—The verbal components of role are just as important. Sometimes with the low verbal deaf the communication process itself has become a problem area. Peter, for instance, has his own "language." This "language" remains unpracticed while he remains withdrawn in his own world. With auxiliaries to act in his world, he not only begins to represent the symbols in his "language" with people thereby relating to them, but people can begin to change his "language" and relate it to the real world. As we began to act about trees, for instance, we found that he repeated different stories about them. Sometimes the trees grew old and fell over; sometimes trees were buffeted by storms; sometimes trees were cut down by beavers and fell into a river. These last series were often accompanied by drawings in which extremities were cut from the body. By relating these stories to people rather than trees we began to talk about and act people growing old and dying; people feeling helpless in the midst of things going on around; people being hurt and the relationship of this to anger. The psychodrama began with his "language" and helped Peter to verbalize more, to be understood, and therefore to communicate more, and finally to make some bridge between his "language" and normal language.

A second example of psychodrama's focus on the verbal aspects of role is where communication itself has become a conflictual issue. In much the same way as a hearing child of average ability may have a remedial reading problem where emotional overlays inhibit the learning process, so with deaf people communication can become a conflictual issue. Psychodrama helps this issue to become identified and provides a medium through which intervention and change can take place.

Interactive components of role—Roles are interactive. Other people help us to find out who we are and to maintain our identity. If we do not find the people we need in real life we create a fantasy world which can satisfy our needs. In psychodrama all interactive aspects of role, both real and fantasy, are explored. A good example of withdrawal into fantasy because of inadequate relationships in the real world is seen in Peter. He sometimes saw monstrous forms ready to hurt or mutilate him instead of people as they really were. Through psychodrama action his distorted picture was questioned and he became agitated. He has come to feel more comfortable as the group accepted his expression of his fantasy world as it is not as they want it to be.

Psychodrama has also been used in training deaf undergraduate students in their practicum in social work at the hospital.

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The Benefits of Poor Communication

Charlotte Olmsted Kursh

One of the most popular modern forms of piety concerns communication, somewhat narrowly defined. An ailment called "lack of communication" has taken the place of original sin as an explanation for the ills of the world, while "better communication" is trotted out on every occasion as a universal panacea.

Yet some assumptions underlying these views deserve examination. One is the way in which poor communication resembles original sin: both tend to get tangled up with control of the situation. The equation of good communication with control appears in the assumption that better communication will necessarily reduce strife and conflict. Each individual's definition of better communication becomes that of having the other party accept his views—which would reduce conflict. As long as both feel this way the struggle can continue indefinitely, but this actually has little to do with communication difficulties. Indeed many of the techniques thought of as poor communication were apparently developed with the aim of bypassing or avoiding confrontation, and some of them continue to be reasonably successful in this aim.

Another assumption bearing scrutiny is that when a conflict has gone on for a long time and shows every sign of continuing, lack of communication must be one of the basic problems. Usually if the situation is examined carefully, communication is occurring; the problem is again one of equating communication with agreement.

Still a third assumption is that it is always in the interests of at least one of the parties to an interaction and often of both to attain maximum clarity as measured by some more or less objective standard. Perhaps there are many interactions in which it is to the interest of both parties to leave the situation undefined. This is notably true in culturally or personally sensitive and taboo areas, but it can also be true when the area is merely a new one that could be seriously distorted by using old definitions and solutions.

A final assumption is that poor communication is primarily a matter of *faulty techniques* of speaking, writing, listening, or reading, that improvements in techniques can be learned, and that such improvements will improve social life. The possibility is hardly considered that "faulty techniques" might be functional, or what the function might be.

The Conscious Lie

Although there is agreement that a lie can be of benefit to the liar at least temporarily, it is usually considered to be damaging both to the lied-to and to the communication system as a whole. Lies do have effects on the system aside from their immediate benefits to the liar, but by no means all of them are as negative as is sometimes assumed.

In the first place, a *stable* lie used repeatedly in the same situation for the same reasons soon ceases to exist as a lie, owing to the phenomenon of code-shifting. "True" and "false" are shorthand ways of referring to the relationship between a statement and that to which it refers. A "true" statement is a map, considered to be moderately adequate, of a territory

agreed to be there, whereas a "false" statement is either a map so bad as to be unrecognizable as of an existing territory, or more commonly a recognizable map of nonexistent territory.

Meaning and truth, while far from identical, are closely related. In order for a statement to have meaning it must be constructed out of *elements* that have acquired their meaning by association with some actually experienced, and therefore real, territory; these elements can be arranged in new ways that never occurred before and this new arrangement may or may not refer to real territory. Thus an arrangement of lines on a page may be accepted as a picture of a unicorn, an animal that never actually existed. But it would remain a meaningless tangle of lines unless the legs, horn, etc. that make it up were *recognizable* as familiar conventions for familiar objects. This flexibility of symbolic expression is one of its greatest assets, and the same techniques that make lies and misunderstandings possible are also the ones that allow us to impart information that is new, or to make imaginative constructions.

But a lie is a special class of false statement. It is a bad map deliberately provided to lead steps of the unwary in a direction that will benefit the speaker. Because of this it can be regarded as a veiled command or request, in which case its referential meaning becomes increasingly irrelevant. Yet listeners habitually so regard statements purporting to be referential. In that case, there is little deception involved, and the communication can be good, being understood by both parties to the interaction.

If the command or request is regarded as within the rights of the speaker, and the screening statement, if taken literally, has relatively little cost, it is usually labeled a "white lie." If the command or request is regarded as illegitimate and the social cost of the screening statement potentially high it is customarily labeled a "black lie."

Individuals who habitually use "white lies" can develop very unrealistic pictures of one another's likes and dislikes, and thus be unable to reward one another effectively. They are also less able to punish one another, and of course the wish to avoid punishment and retaliations is one major motivation for building up this kind of system. But the system does not *cause* this fear, it results from it, and it seems a dubious proposition at best that "good communication" alone and ruthless honesty will get at the basic problem. A fears B will use any knowledge he gains about A to manipulate him to B's advantage and possibly to A's disadvantage; he also fears that his honest opinions will be resented by B. This may be a thoroughly realistic appraisal of the situation, and if it is, no change in communicational techniques is going to have anything more than a superficial and temporary effect. Masking is too well-rewarded to be abandoned lightly, and the style of masks is about all that is likely to change.

Occasionally the shift in the burden of ensuring understanding away from the listener and toward the speaker is considered as an evolutionary matter. This evolution, if it actually exists, has mainly affected writing. The first writings in nearly all cultures tend to be elliptical and condensed, almost like notes for the writer's own use, while later writings tend to be increasingly detailed and expanded, with many devices invented to promote clarity and effectiveness.

These considerations affect general style; they do not directly affect the conscious lie, which can occur in either elliptical or expanded style. However, the conscious lie is considerably less of a problem in the small social circle that favors the elliptical style. It is much more difficult for a speaker to conceal his motivation from a small circle that knows him well, and sanctions against the liar are also easier to apply, if only by discounting any stories he may tell in the future. These considerations tend to make the written lie or the mass communication lie more dangerous, more resented, and more durable than the person-to-person lie.

This bears on the problem of background information. A skillful and well-informed listener can usually manage to gain *some* information that is both true and useful from almost any statement, provided some of his information bears directly on the context of the statement. On the other hand, an ignorant and/or unskillful listener can distort and make false inferences from the clearest and most correct of statements. What *real* liars achieve is an artful mingling of true and false statements so that the relationship of their statements and the real world approaches random variability. Only an independent check with the real world itself will enable us to decide *which* of their statements are true.

Although a society in which no one's statements can ever be taken at face value has a communication system which can be intricate for the decoder, at least it helps to develop healthy skepticism. A society in which all reports were honest might engender a dangerous credulity and a tendency to equate the good faith of the reporter with the correctness and the adequacy of his report. Authority can be, though honest, as misleading as a conscious liar—but one is far less likely to spot the mistakes if one has not learned to doubt the good intentions. Trustfulness can easily degenerate into simple-mindedness and credulity, while at least a little suspicion has the decided advantage of stimulating the development of independent thought.

Lies can also act as social lubricants. Indeed, this is the function of nearly all white lies. This is sometimes seen as intolerable hypocrisy, but this seems to be largely the complaint of a lazy and ill-informed listener, and an expression of the unconscious premise that the alternative to hypocrisy is a Utopia of true good will, rather than enmity differently expressed. There are many social situations where this kind of hypocrisy, suitably masked enmity, is just about as functional as true good will for the immediate moment—although, of course, much less global and not to be depended on outside that particular interaction.

Another useful field for the lie is in the dominance-dependency struggle. Because the situation is such that they are not encouraged or even allowed to give direct orders to the dominant, the dependent usually rely upon manipulating the information they supply to the dominant as a means of counter-control. Most of their orders and requests, in other words, are recoded as statements which may or may not be truthful. In general, the higher the proportion of truthful statements, the more effective they are likely to be as commands. But most any dependent will make use of untruthful statements if sufficiently hard-pressed, and even a dependent who is anxious to preserve his reputation for credibility for the

sake of future orders and requests is unlikely to feel many qualms about selective reporting.

The dominant also often maintain their control by manipulating information, and they may supply false information in the course of this activity. In fact, because the motivation for distortion is nearly always to influence the attitude and/or future behavior of another, one could make quite a good case for the statement that all deliberate distortion of information occurs in the course of some sort of dominance-dependency struggle. It consists of commands and requests recoded as statements without regard for their referential truth.

"Meaningless" Speech

Meaningless speech, while notably lacking in solid referents and coded commands or requests, cannot simply be nonsense syllables strung in random order. It is bound by the rules of grammar, and the words it contains are listed in the dictionary. These elements are typically artfully arranged so that they *seem* to convey more information than they actually do; they are not successful if the "meaninglessness" is casually apparent. Extreme examples are called "double talk"—interesting because the lack of referential meaning makes them vague and ambiguous, so that more different meanings can be read into it by the puzzled listener.

One of the most reliable ways to predict the future is to couch prophetic statements in such veiled and ambiguous terms that many different interpretations may be made equally plausible; thus one can provide an interpretation subsequent to the event that will prove uncannily right. Politicians, bureaucrats, diplomats, and parents all find this kind of speech highly functional, as does anyone who gets penalized for faulty judgments and is implored to reveal a future over which he does not have entire control. Clarity has the disadvantage of tying the speaker's hands and seriously limiting his flexibility in dealing with contingencies as they arise.

The whole point of "meaningless" speech is to make an agreeable noise without committing yourself to *anything*. It is not lying, it is not truthful, it is simply not very informative. The meaninglessness of this kind of speech is not some accidental by-product; the fact is that individuals may be actually penalized for imparting information, and accordingly go to considerable lengths to avoid doing so. The social garments of "meaningless" speech, dress, deportment, and accent carefully chosen to give as little information as possible about the speaker's true background and interests do block communication. But this is typically a deliberately chosen strategy to protect the conformist's privacy. Very often both parties in this type of interaction are intent on *getting* as much information as they can, and in *giving* as little.

Still another use of "meaningless" speech is its service in gaining political or social backing for some particular leader, party, or policy from a fairly diverse set of followers who are unlikely to agree on the desirability of any specific goal. By using words which lack specific content and merely indicate generalized approval a sort of pseudogoal can be constructed, so all the diverse audience can be persuaded to support the policy, measure, or leader more or less enthusiastically, each expecting entirely different things to be accomplished. This might be called "consensus by misunderstanding," but it is not necessarily undesirable as sometimes

depicted. It can be an important tool in getting a working majority—and a consensus, however arrived at, may be vital for the continued well-being, or even existence of a nation.

The Pseudocommunicational Event

Still another type of sequence in which *neither* effective speaking nor effective listening is rewarded is characterized by a flood of words. For this reason it will be called a *pseudocommunicational event*—not to suggest that no communication takes place, but to indicate that its primary function is as a public demonstration that no communication is or can be possible between the interacting parties; both are intent on demonstrating that the other party is *ineffective*.

Occasionally the only people involved are the principal parties, and that part of themselves that desires a stable self-image forms the only audience. Commonly, however, one or both are attached to some primary group with a strong stake in preserving its members' attitudes, opinions, and future plans intact, regardless of anything that may take place in the interaction. The individual who allows anything in this particular interaction to affect him would be considered disloyal, treacherous, and unstable. On the other hand, the public demonstration that he can remain entirely unaffected by anything in this interaction is taken as proof of strength. He "knows his own mind," and "is not suggestible." This is, of course, from the point of view of the primary group, since from the point of view of the other group he had little mind separate from that of the primary group and was exceptionally suggestible to its conditioning.

This is a very common cause of the argument eternal, and participants in pseudocommunicational events are usually bound to their primary groups or they would not cooperate with them in this way. They may not *really* want any converts, either, who could be possible rivals for their own position in the group. The fact that both hold out indefinitely will have, in that case, little to do with the objective merits of the views being set forth; it merely reflects the fact that neither dares to give in on the smallest point for fear of future repercussions and is far more fearful of compromising his own position than he is anxious to reach an agreement with his opponent.

Because of the structural advantages to a group of a set of beliefs that all in the group share and nobody else shares, beliefs adopted or utilized for this purpose tend to share certain characteristics. They do not directly affect immediate action or do so in a very general or peripheral way. They are extremely difficult to prove or disprove by persons who will participate in the pseudocommunicational events structured around them. They have an air of being extremely important and basic.

This is a sectarian structure and religious groups use and formalize it more than most other groups, but similar mechanisms are also found wherever *voluntary* groups are important. It can also be used as a supplementary mechanism for defining boundaries and improving internal solidarity of nonvoluntary groups such as families, ethnic enclaves, cities, nations, or indeed any human group formed on any grounds.

Many devices have been invented or discovered to dampen the effects of the pseudocommunicational event. Basic brainwashing techniques usually include one or more of the following: *isolating* the individual from the

primary group itself and from anyone who might report back to it; promoting the belief that the primary group has *abandoned* the individual, so that it is no longer functional to consider its reactions in coming to a decision; giving rise to the belief that the primary group has been *exploiting* the individual and that the new group (that doing the brainwashing) has more to offer; keeping the group employing brainwashing techniques as *small* as possible; forcing the brainwashee to *break primary group taboos,* which he might feel would block his reentry to the primary group.

There are obviously many different ways of looking at essentially the same techniques, depending mostly on a value judgment as to the functionality of a particular primary group and the conditioning that it has implanted. The psychiatrist, for example, often makes the avoidance of pseudocommunicational events one of his chief tasks, and many rules of the therapeutic situation are thus parallel to the rules of "brainwashing."

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Meaningless speech and the pseudocommunicational event are what most people seem to mean by poor communication. In neither case is the problem primarily one of *faulty techniques;* they both take considerable skill to deploy effectively. They are certainly not *stupid* or *unskilled* speech. They are usually used as weapons in combat, to be sure. Still, there is no reason to suppose that the combat would be lessened by disuse of these weapons while it is probable that functional equivalents would be reinvented as long as the need remained.

The conflict, in fact, is usually not communicational at all, although fought with communicational weapons. The decision makers may call self-righteously for wholly unrealistic and even self-destructive "honesty" and "good communication." The realistic and sensible victim who has his own communications used against him once or twice understandably retreats into the comparatively safe, if sometimes obscure and thorny, thickets of "poor communication." There is a real basic problem in that the exercise of power is incompatible with good communication, but good communication unrelated to any action or exercise of power is useless.

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An ESP Test from Apollo 14

Edgar D. Mitchell

This is an account of an introductory experiment in ESP made under circumstances that were uniquely exploratory. It was an attempt to take advantage of the Apollo 14 flight to the moon, of which I was a crew member, to conduct an ESP experiment in which the targets were in outer space and the participating subjects were on the earth. While the interest back of this project is of several years' standing, the decision to take the step was made so near the launch date that there was no time for elaborate preparation. The aim, however, was to keep it a modest and purely private matter, with no publicity. For this reason, no preparatory consultation was held with a qualified research center in parapsychology. Rather, with the help of a few friends who had some acquaintance with the field of parapsychology, it was decided to conduct a quiet pilot inquiry that might, with some success, serve to justify a later research effort under conditions allowing more extensive preparation and planning.

The project was set up to select a few promising and willing subjects for a small experiment. The test procedure was to have the subjects guess the order of ESP test symbols as these were visualized with concentrated attention by me during prearranged time intervals of the Apollo 14 mission. The four individuals selected, here known as Subjects A, B, C, and D, were nominated for various reasons by the friends mentioned. One of the four was known to have some reputation as being gifted with "psychic" or parapsychical powers. Another had shown seemingly impressive psi ability in a more private capacity. The two others had offered enough promise of exceptional ability in one way or another to be recommended, and all four were willing to try.

Subject A was the most eager and the most confident. He was the only one of the four to have participated previously in ESP tests of the formal type. It was decided to conduct a series of preflight tests with him, partly to warm up to the method, but mainly to aim at a sort of "terrestrial control." The preflight level of ESP efficiency would be of comparative interest alongside whatever level was reached during the flight.

Preflight Tests

Arrangements were made by telephone with Subjects A, B, and C to conduct preflight tests. Most of the tests were set up for stated times, then later, for unspecified times during a 30-minute interval. Subsequent to each testing interval, telephone contact was established so that the subjects could read their responses to me. However, after telephone contact was established, Subject A and I usually conducted additional runs with the telephone link open. For all these preflight tests, I prepared a supply of 75 cards made up on the pattern of the standard ESP test cards. I grouped these in sets or packs of 10 (and later of 25) cards with equal number of symbols in each. The packs were then shuffled before use. Two hundred and sixty-five trials, made during brief moments of my free time between January 14 and 27, completed the preflight testing.

In the six test-runs carried out over the telephone, the procedure was for me to select one of the packs,

shuffle it by hand, and silently look at each card as A gave his guesses. I recorded Subject A's guesses as they were made, leaving the recording of the target order until later. No indication of success was given the subject during the test; and at the end, he was given only the total run score. The majority of the preflight tests, however, were done by A at times which were arranged by telephone in advance and with me looking at the cards at the rate of 15 seconds per trial. The guesses were later read off by the subject over the telephone and recorded by me. Again, only the run score was given to the subject, and different packs were used for successive runs.

When all the preflight tests are totaled they are barely significant statistically. The total of 265 trials with 66 hits represent a deviation of +13; the CR of 2.0 has a P of .045 (two-tailed), which is not quite acceptable by parapsychological standards. The main purpose of the preflight tests was attained in the case of Subject A; his short run results strongly suggest the presence of ESP. The chance scores of the 25-trial runs, however, were puzzling, especially since that length of run seemed more suitable on other grounds for the flight tests.

The Flight Tests

The plan was laid with Subjects A, B, C, and D to synchronize their testing periods with mine approximately and to have a maximum of six "ESP broadcasts," one per day during outbound and returning flight. The broadcast was to begin, as crew duties would permit, during the first hour of the preplanned crew rest period. The subjects were to expect the rate to be at 15 seconds per trial with 25 trials in each run, the runs to take place on February 1, 2, 3, 4, 7, and 8, if possible. The subjects were of course to record the time of each run, and on the last day to send all records to a designated third party's address by registered mail. The records were to be subsequently forwarded to me unopened for checking.

Because a standard pack of ESP cards might prove bulky and difficult to manipulate in space, a different approach was chosen. Columns of random numbers were prepared preflight and recorded on a blank page of the flight data file. During the flight and just prior to each run, I arbitrarily selected an ordered set of the five ESP card symbols (square, circle, star, wavy lines, and cross) and converted a column of 25 numbers to the corresponding symbols. This was the target list for that day's runs. Another column of numbers and another ordering of symbols was to be selected each day in a similar manner until six runs had been made.

Subjects C and D, whose arrangements were less formal than those with A and B, were unable to participate in the full schedule because of other commitments at the prearranged times. Together they took part in three runs. Both A and B followed through on all six proposed runs although only on four days was there a run of "sending" produced by me. Thus the flight records of the ESP tests consisted of four columns of target symbols in my possession and a total of 15 columns of guesses by the four subjects, A, B, C, and D, in the corresponding order of six, six, one, and two columns, respectively.

The time scheduling was of necessity far from exact as to the hour of the day which corresponded to the first hour of the rest period. Since this was an unavoidable consequence

of conducting an informal test, it became an interesting variable for later analysis. The problem arose post-flight, however, as to how the subjects actually did orient their ESP efforts in the attempt to identify the targets in view of the time differences and the uncertainty as to the number of target runs, as well as the distances. Since the subjects' guess runs did not actually coincide with the sending time, the important question was that of how the checking should be planned.

When an unintentional news leak about the test occurred, Dr. J. B. Rhine (J.B.R.), Executive Director of the Foundation for Research on the Nature of Man (FRNM), and Dr. Karlis Osis (K.O.), Director for Research of the American Society for Psychical Research (ASPR), both offered their services in the evaluation of the results, and both offers were accepted to achieve independent checking. On the termination of quarantine, copies of the data records were supplied to them and the analyses were thus carried out in two separate laboratories. J.B.R. and K.O. each had to make his own decision as to the appropriate mode of checking the results.

The problem to be solved regarding the checkup needs clarification. When, as on the 1st day, Subjects A and B each recorded a run of 25 guesses timed within a few minutes of my "sending" time there was no problem. The first column of A's guesses was to be matched against the first target column of my symbols. The same was to follow with B's first guess run. But on the 2nd day, I could not carry out my function, while A and B both went on guessing as usual. Also, after the 1st day, the time gaps between "sending" and "receiving" were generally longer and rather irregular. Moreover, Subject B made two guess runs on his 3rd day. The other two subjects, C and D, got into action with only three runs. They did not get started with these on the 1st day, but came in on February 7–9. There was no "sending" on February 7. Thus the problem after the 1st day was far from simple.

The first analysis—Confronted with this problem and unable even to interview the subjects as to their own conception of these target series in the space-time order, the staff at the FRNM decided to take a position as to the most appropriate procedure on their own initiative. This action left me free to make a later decision as to my own interpretation of the right way to match and check these records. Such choice of how to proceed is traditionally made before there is knowledge of the run scores. I would have the knowledge of the results of the earlier procedure but not of any departure I decided to make from that.

The policy governing the first analysis was stated as follows: These tests are most like tests of precognition; that is, the subjects generally began ahead of the "sender" in actual timing. But the attitude needed by the subject was one of searching in the vast area of physical nature for the location and time order of my thoughts, or of the structure of my target records of the lists of 25 symbols. These lists were to be written down by me and brought back to earth. They would consist of a series of columns of symbols on a record sheet and the guess columns would be matched against them. According to this view, the four lists of target symbols would be something definite at which to aim, consciously or unconsciously. The nearest thing—the

concept of the precognition test—suggests that the decision to check the four target columns against the first four of A's and B's six runs of guesses would come closest to the subject's own orientation. Naturally this was a judgment based on limited knowledge in this case, but it was drawn from experience with similar test performances.

The FRNM checkers then proceeded to check the A and B records on that basis; the three odd runs of C and D were omitted since these subjects had not completed four runs and also were not in at the start. The eight runs gave a total score of 51 hits where 40 are expected from chance. The deviation of +11 gives a CR of 1.95 and this has a P (two-tailed) of approximately .05. While in general the statistician would regard this as a significant finding, in parapsychology it has been taken as slightly submarginal, although strongly suggestive.

The FRNM analysts went on, however, to examine the data for other signs of extrachance performance. It was recalled that A had done his better preflight scoring on the 10-trial runs. On his flight runs it was found that the first 10 trials of the four columns (of 25) gave him all of the hits above chance that he obtained. These 40 guesses gave 15 hits where 20 percent is expected from chance; the other 15 trials gave exactly 20 percent. Such a decline effect seems a good "sign" of ESP. Going on, the checkers found much the same thing in B's four flight runs. Again, the first 10 trials gave the only positive deviation B had, 12 hits, or 30 percent, where again 20 percent is expected. The rest of the trials in these runs gave exactly chance as before.

Since the first 10 trials of each of the eight runs of A and B gave the entire positive deviation yielded by the whole runs, and since this is quite an impressive effect for so small a section, it looks as though the judgment back of the First Analysis is confirmed. It suggests too that it might have been better in the flight series to have used 10-trial runs as in the preflight tests.

The second analysis—I first visited the FRNM on May 18 and reviewed the results thus far presented. While I accepted the logic of the analysis as far as it went, I felt the need of testing the idea that the actual intention of the subject to make connection with me on or near the time intended might be expected to count for something in the results. Even if the assumption of the First Analysis was correct, it was possible that actual time proximity would show a significant relation to scoring rate, whether positive or negative.

It was decided to select those subject runs that were made on the same calendar day as a target run. There were nine of these, but two were already included in the First Analysis and were therefore omitted, leaving seven. These included runs by all four subjects. However, within the 24-hour day, these varied widely in time discrepancy, even as much as 23 hours. The subjects were also in different time zones. But before the flight, I had selected Eastern Standard Time as the subjects' base time. However, to allow for error and to resolve the ambiguity, it seemed reasonable to include in this analysis the matching of subjects' columns across the arbitrary day line within a limited range of 13 hours. This added five runs of adjacent-day runs to the seven calendar-day runs, making a total of 12 to be matched.

The 12 runs gave a total of 35

hits—a deviation of −25, well below the chance expectation of 60. If the seven runs on the same calendar day are considered separately, the deviation is −21. The drop of scoring rate in these data is very striking. In the eight runs of the First Analysis there was a 25.5 percent rate of scoring (20 percent being chance). In the 12-run checkup of the Second Analysis the rate drops to 11.7 percent; and on the seven same-day runs, it is only 8 percent. This is clearly psi-missing—avoidance of the targets. These subjects, all four, seemed oriented away from the time-matching idea in this experiment, as if they knew it had gone awry and could not serve as a systematic basis for the checkup. So they searched out and hit positively my actual target sequence and, as if to prove the point even more, they discriminated against the calendar time.

As it turned out, the 12-run extension of the Second Analysis was definitely revealing since it opened up the psi-differential evidence which was otherwise hidden. In effect, the two Analyses (First and Second) support each other meaningfully in the light of present knowledge of the psi-missing pattern. One method of checking up on this pattern is to examine the hit distributions within the five segments of the runs for relations between the two sets of data; these hit distributions have been found characteristic of psi test data, one of the most prevalent being the salience effect. This is the tendency of the end segments of the run to vary more than the middle ones.

A third analysis—The independent analysis by K.O. and his staff took a different line of approach. They chose at the outset, when all the data finally became available, to make the initial matching of the 273 trials to the nearest corresponding target time. This matching produced 59 hits, a deviation of −13.6 where 75 would be expected by chance. The corresponding CR of 2.05 and P of .04 (two-tailed) falls somewhat short of statistical significance by the previously discussed standards. In this analysis the positive deviation on the first day of guessing tends to offset the psi-missing results shown in the second analysis. However, the psi-missing is sufficiently pronounced even in this checkup to approach significance.

A further analysis—It is not clear yet what further study of these data may be warranted. As will be evident, the First Analysis (which was planned without prior knowledge of results) disclosed the primary section of positive deviations. Also, it is now clear that the Second Analysis produced the most negative section of the remaining matchings (also planned without prior knowledge of results). A fair amount of negative deviation is left, which is widely distributed. Forty crosscheck runs have a deviation of −20. This is not significant, but it can be regarded as suggesting that these subjects, while oriented toward one target column, were unconsciously avoiding all three of the others in a diffuse way. But they were especially avoiding when they recorded the seven response columns on the same calendar day as a target run, these being the most likely to be confused. It is interesting to see that in spite of their physical separation and in the absence of definite guidelines to follow, A and B responded similarly to this problem.

There has not been time to deal fully with all the questions the experiment raises, but a few of the

more familiar ones can be mentioned: First, there are minor statistical problems to be considered when time permits. It is recognized that the checking of more than one response column against a single target run involves some slight risk of erroneous effects due to similarities between subjects or habits of repetitive calling in a given subject. The fact that both Subjects A and B gave positive deviations on the four target runs in one plan of analysis and a negative deviation in another type of analysis with the same target runs indicates that this type of error could not explain both sets of results.

Second, the experiment was not designed to test the effect of distance on ESP in any adequately critical way. Rather, the situation afforded an opportunity to observe what psi ability might do in the unique conditions of the flight. At the moment, no definite comment is in order regarding the unusual physical relations except that it looks as though neither time nor space seems to limit in an easily identified way the function tested here.

Third, the question whether telepathy was the type of ESP being tested has been raised. The experimental plan allowed telepathy to play a part, but not under conditions that excluded other types of ESP. In any case, it is now the present working hypothesis in parapsychology that there is only one basic "psychic" or psi ability and that the various types are only special manifestations of this unitary psi process.

The incomparable novelty of the test situation is beyond doubt the main advantage of this particular experiment. As generally is the case in an exploratory venture in science, unusual effects emerge that may later serve as clues. What subjects might do in an attempt to trace by ESP a string of symbols speeding along on an unknown far-out course in space-time seems a challenging question. Further study to be made of the data may yield additional insights into the way the mind interacts beyond the sensory exchange with physical nature.

It is primarily important, of course, that the subjects did to a significant extent systematically find their targets. The peculiar but lawful patterning revealed in the analyses is quite in line with the picture of the way psi functions. The psi-differential (or two-way) effect is well known. The special interest here is the way and extent to which the selective hitting on one set of targets and missing on another could occur on these "far-flung" target runs.

How do these test results compare with other psi test performance? With so many variables that are different here, the comparison can have only moderate value. The psi quotient (PQ) will serve best as a rough measure. The First Analysis gives a PQ of 19; the Second, one of 26; and the Third, one of 15. The pre-flight group totals gave a PQ of 15. While there are no standard norms, a PQ of 25 or more is impressive.

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Dental Phobia

Henry Lautch

Fear of dental treatment is so common that it can almost be considered normal unless of such a degree as to interfere with needed dental care. It is perhaps odd that psychiatrists are seldom called upon to assist their dental colleagues by investigating the basis of fear of dental treatment and evolving measures for overcoming it. This study attempts to investigate the background and precipitating factors which underly dental phobia. Dental phobia is defined as fear out of proportion to demands of the situation, which will not respond to reason, is apparently beyond voluntary control, and leads to avoidance of dental treatment when it is really necessary.

Sixty-eight patients were studied, 34 were diagnosed as showing dental phobia; they were contrasted with a control group of 34 patients who immediately agreed to treatment under local anesthesia and who were matched for sex and age.

Each of the study group patients was first seen together with a relative, and the purpose of the investigation and the reason for seeing a psychiatrist was explained. Subsequently the patient was seen alone, and a medical, dental, and psychiatric history was obtained. Inquiry was also made into the psychiatric history of family members and their attitudes to dentistry. Following the interview all patients completed the Eysenck Personality Inventory. Manifest anxiety was assessed clinically on a 5-point scale. Next each patient was examined by the dental surgeon, but in 12 instances only after considerable time and effort had been spent in persuading the patient to sit in the dental chair. Phobic patients were accompanied by a relative or friend who had been instrumental in persuading them to come. In contrast, all patients in the control group attended unaccompanied.

The results showed that there were no significant differences in age or in socio-occupational class; the ratio of males to females was 1:1.6. Neither were there great differences in medical history, except that four of the study group had a history of epilepsy, and five were also recorded as currently receiving medication.

Nine female patients in the study group and three of the controls gave a history of neurotic traits in childhood. Six in the study group had subsequently undergone some form of psychiatric treatment; only two of the controls had done so. Eight female patients in the study group presented a clinical picture of diffuse anxiety in addition to phobia of dental treatment. Four more had other phobic symptoms, whereas the remaining 22 patients had a monosymptomatic phobia of dental treatment only. A history of an exaggerated fear of dental treatment in other family members was uncovered in nine study group patients as opposed to three in the control group.

All 34 members of the phobic group had suffered what they deemed to have been a traumatic experience at the hands of the dentist on at least one occasion during childhood, whereas only 10 of the control group had done so. Four of the study group avoided dentists until incorporated in the current study and when aged 20, 27, 30 and 33 years. Of the remaining 30, all claimed to have had a second traumatic experience at the dentist's

hands, as opposed to only one of the 34 control cases. The traumatic experience was described as physically painful, frightening, or as a feeling of oncoming disaster.

Following one traumatic experience in the phobic group the probability of undergoing another within the next two or three visits was found to be about 10 times that of the control group. The second trauma distinctly separates the two groups. However, the further recurrence of traumatic dental experiences was not inevitable. Phobic patients averaged 4.9 years between their last dental treatment and inclusion in this study, while control patients averaged 2.1 years since their last treatment. Also the phobic group reported suffering pain an average of 17.3 days before seeking treatment at the dental hospital, while the control group reported suffering pain for an average of only 3.0 days before seeking treatment. Phobic subjects feared treatment overall. Only when pressed to commit themselves did they rate pain and an injection in the mouth equally, and these were followed by fear of the anesthetic mask, the sight of instruments, and the noise of the drill.

Further investigations included a clinical assessment of anxiety level, personality testing and an investigation of pain threshold. The degree of anxiety was rated on a five-point scale: I—nil; II—slightly anxious; III—moderately; IV—severely; V—panic-stricken. All those in the last three groups at first adamantly refused treatment except under general anesthesia. The difference in rating between the experimental and control groups was highly significant.

The result of personality assessment using the Eysenck Personality Inventory demonstrated marked differences in the two groups. Mean scores on the *extraversion* scale were significantly higher for the control group than for the study group, and mean scores on the *neuroticism* scale were significantly higher for the study group than for the control group. Pain threshold was tested by applying an electric shock, increased in discrete steps, to the crown of the left upper incisor. The pain threshold was significantly lower in the study as opposed to the control group, in all females in either group as opposed to all males, and in both males and females in the study as opposed to the control group when considered separately.

A minority of phobic patients have relatives with the same phobia, but this may reflect the role of modeling. Fears tend to run in families. In the study group 26.5 percent and in the controls 8.8 percent had at least one other member of the family with a phobia of dentistry. Of those in the study group 17.6 percent were mother and daughter. This only applied to 2.9 percent of the controls..

It would thus seem that neurotic traits in childhood, previous psychiatric history, and fear of dental treatment in other members of the family, especially of the mother, are further predisposing factors in the development of dental phobia.

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Reprints from Henry Lautch, L.R.C.P.L.R.C.S., M.R.C.P., D.P.N., Department of Psychiatry, Burton Road Hospital, Dudley, Worcestershire, England

The Whiplash Neurosis

James R. Hodge

The whiplash injury does not occur only to a neck; it happens to a person. Characteristically, the subject is sitting in his car which is either moving slowly or completely stopped. He has no sense of impending danger. With no opportunity to prepare or protect himself he finds himself suddenly accelerated by being struck from behind, his head is snapped backward and forward, he tends to lose consciousness, and he suffers from severe pain resulting from the acute strain on the muscles and ligaments of the neck which causes what we could call a "sprained neck." If we think in terms of the physical condition alone, we would expect complete recovery in from 4 to 8 weeks with relatively little treatment. However, soon after the injury the patient develops symptoms of anxiety, insomnia, recurrent dreams of accidents, emotional instability, fear of riding in a car again, a tendency to become dependent on others, a withdrawal of interest from almost everything except his bodily symptoms, a preoccupation with these symptoms, and a prolonged period of convalescence.

Hostility also develops, and this deserves special attention. At first the anger is directed at the person who caused the accident. However, it is also directed at the self for being unprepared; and this often goes unrecognized by both patient and physician. The patient typically defensively denies this self-directed hostility and projects it onto the person who caused the accident, thus increasing the quantity of hostility displayed and justifying his feeling of being "wronged." The projection mechanism then tends to spread to involve the doctor who does not make the patient well, to the legal system that does not make the wrongdoer "pay," and to other persons in the environment who "do not understand" the severity of his incapacity. This process then creates the need to remain ill and dependent as proof to the patient and to society that he is incapacitated and that a real wrong has been done. At this point, with his dependency needs being satisfied and his hostility having an opportunity for overt expression, the symptoms become necessary to maintain this state; the secondary gains have become entrenched, the illness has become ego syntonic, and any struggle by the ego will be for the purpose of maintaining the symptoms rather than eliminating them.

The Elements of Neurosis

Whenever a physician is confronted with a patient with a psychosomatic illness, it will help him to understand the patient and to prescribe a therapeutic program if he can answer questions such as, "How did he get sick?" and "What does this sickness mean?" For optimum therapeutic results it is important for both physician and the patient to understand the development and meaning of the illness to the patient, and this can be better understood if the following elements involved in the development of a psychiatric illness are elaborated and considered.

Predisposing personality—The illness develops in an individual human being at a certain time in his life and under certain fairly specific circumstances. He has developed his own

patterns of handling stresses during the experiences of his lifetime, and he can be expected to react to stresses in the present and in the future in much the same way that he has handled problems in the past. While no specific personality type has been posited for the person who develops the whiplash injury, strong elements of hostility and dependency can almost always be found in the preexisting personalities of these individuals.

Current conflict—Rarely if ever will a psychiatric illness develop without a current conflict in the person's life, though, interestingly, this may be one of the more difficult elements to elicit from the history. Some examples of such conflicts are marriage problems, family problems, health problems, and job dissatisfactions or failures. The conflicts may develop in many ways, but they are always superimposed upon and directly related to the predisposing personality. The development of an illness, especially such an illness as a whiplash injury, offers a fortuitous possible solution to the problem or to maintaining the status quo which the patient may be afraid of losing.

External precipitating stress—A person such as we have described above is "ready" for something to happen. The external precipitating stress determines why the illness appears at a given time in the person's life instead of sooner or later. The automobile accident, as a precipitating event, is fortuitous in fact, but it determines what the symptom will be and determines when the symptom will develop.

The development of anxiety—Whenever a stress occurs, anxiety about the ability to handle the stress and its sequelae accompanies it. In a healthy personality with no significant current conflicts, the stress may be tolerated with minimal anxiety and symptom formation, and the illness may heal normally and rapidly. However, in a pathological personality with a severe current conflict, the development of an illness may result in intense and crippling anxiety.

Anxiety experienced by the whiplash patient is often qualitatively different from characteristic "signal anxiety." In the typical situation in which a whiplash injury occurs, the personality passively experiences the traumatic incident without the production of anxiety. After the accident, however, the ego does develop anxiety and mobilizes psychic energy; but it is too late to discharge this tension in defensive activity. The "fight or flight" mechanism is mobilized for protection from any possible threat, but there is nothing to fight or from which to flee. This leads to generalized anxiety as preparation for a potential future danger.

Primary gain (symptom forming factor)—When anxiety is present, the patient feels that it must be stopped at all costs. How he accomplishes this is called the primary gain of the illness process. Examples of this primary gain or symptom forming factor are the classical psychological ego defense mechanisms such as repression, denial, displacement, projection, etc.

The symptom complex—The result of the primary gain is the symptom complex itself. The symptom may be of any nature, such as a phobia of riding in a car in order to protect oneself from further injury, a conversion reaction in an attempt to deny the import of the situation, the liberation and projection of hostility in order to preserve one's self-esteem and feelings of control, withdrawal

of attention and interest from the external world to the symptoms and to the sad plight of the individual, and the development of dependency in order to obtain support and protection from others. All of these symptoms, however, are accompanied by anxiety and/or depression, and this indicates that the symptom has only been partially successful in relieving or binding the anxiety. So the patient also develops some anxiety about the presence of his symptoms and how he can get relief from them.

Secondary gain (symptom fixing factor)—The question arises as to what keeps the illness and symptoms present. The typical answer to this question, especially in personal injury accidents, is often given as the desire for money. It is often said that a person is not "cured" of his whiplash injury until he receives the "green poultice" of financial remuneration. This is a simple, extreme, and often erroneous explanation; for there are usually many other secondary gains to illness such as an improved relationship with the wife, gratification of dependency needs, opportunities to express hostility, or the ability to control others with the presence of a symptom.

Treatment Implications

In accord with this scheme, there are three basic principles of treatment: (1) As in other psychophysiological reactions, treatment should be both by physical and psychological methods. (2) Rapid psychiatric intervention is indicated for the purposes of allowing the patient to recognize the psychiatric aspects of the problem, minimizing pathological methods of obtaining primary gain, minimizing the physical symptoms, and minimizing the development of secondary gains. (3) Treatment should be directed at helping the patient to resolve his current conscious and unconscious conflicts, to handle his irrational fears, to recognize and to discharge his anxiety without the production of psychological symptoms, and to release the anxiety bound in the physical symptoms.

One of the most effective methods of rapid psychiatric intervention is to focus attention on the overt and covert anxiety of the patient. With the usual interviewing technique, the use of narcoanalysis and hypnosis may facilitate abreaction and a positive rapport with the therapist and may give the patient the realistic feeling that "something is being done" which is important and relevant to him. The behavior therapy technique of systematic desensitization and reciprocal inhibition may be helpful in dealing with specific fears, phobias, anxieties, and "working through" of the anxieties.

As rapport with the therapist is established through the above methods, the elements of the current conflict, the primary gain, and the secondary gain can be treated by conventional and brief psychotherapeutic interview techniques.

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Reprints from James R. Hodge, M.D., 2975 West Market Street, Akron, Ohio 44313

The Values, Limitations, and Future of Echoencephalography

H. W. Kienast and Louis D. Boshes

Progress in the use of echoencephalography has become obvious; although slow, since Dussik first used it in 1942, it has grown steadily. The instrumentation and the technique of examination are being more and more critically evaluated. We know already the great clinical value of diagnostic ultrasound for the patient, in its advantage of accuracy, simplicity, harmlessness, painlessness, rapidity, and comparatively low cost. This clinical value has been demonstrated impressively in diagnoses of various neurological lesions, and particularly as a guiding aid for the neurosurgeon. The neuropsychiatrist uses it as a valuable mass screening device, such as evaluating a large number of State hospital patients.

What, then, are the limitations of echoencephalography? (1) It is still difficult to train a technician to see all that this diagnostic method can tell us. (2) The method can be most useful only in combination with other diagnostic modalities. (3) One of the main limitations is in its inadequate instrumentation; too often either the probes or the instrument itself are too "rigid" to register the more delicate echoes, although gradually standardization is coming about; this should enable us to measure velocity and attenuation of the ultrasound beam and to make a true comparison of the data of various observers.

What of the future? Mechanical, technical, and clinical research must be coordinated. Of greatest importance for any future development is a better understanding of the question: What happens when diagnostic ultrasound penetrates different layers of biological tissue? Simple experiments in the laboratory and extensive clinical observation with multiple followups support various hypothetical assumptions that ultrasound can definitely detect abnormal pathological indurations, easily pick up the presence of degenerative cerebral matter, and readily "palpate" the rapidly changing conditions of the dying brain—thus proving that ultrasound can register palpable differences of organic matter which have nothing to do with the density changes recorded by X-ray examinations.

There is no more doubt in our minds that diagnostic ultrasounds, and echoencephalography in particular, have a definite place among our diagnostic techniques. We should be aware of the limitations as to lack of standardization of apparatus, probes, examination techniques, etc., but research will progress to elucidate what occurs when ultrasound passes through biological tissue.

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Urban Structure and the Differentiation Between Blacks and Whites

Robert M. Jiobu and Harvey H. Marshall, Jr.

This study examines some of the factors affecting the assimilation of blacks into large U.S. cities. The principal independent variables are levels of residential segregation, industrial structure, percent black, rate of black population increase, and region. Assimilation is defined as the degree to which blacks have the same distribution on a given variable as whites. It is treated as a multidimensional phenomenon with the various dimensions treated as aspects of urban social organization. Consequently, we also test the hypothesis that the amount of assimilation along one dimension has consequences for assimilation along other dimensions.

Theoretical Structure

Ghettoization—A basic ecological premise is that areal location has consequences for other dimensions of urban organization. It has been argued that by setting the minority group apart, ghettoization encourages retention of distinctive cultural traits and at the same time heightens its visibility. Such visibility makes the group an easy target for discrimination, resulting in even greater differentiation.

Ghettoization may directly affect occupational assimilation through physical isolation; for example, compared with whites, blacks are faced with difficulties in reaching jobs. The result may be a tendency for blacks to gravitate to more readily available employment in all-black areas. Of greater importance is cultural isolation; when the range of experience is limited mostly to other blacks, there may be an act to avoid leaving the ghetto, a tendency which can generate anxiety and uncertainty. Ghetto employment, when available, is likely to differ from that found outside black areas, resulting in differences between black and white occupational distributions.

Percent black—There have been two perspectives used to analyze the relationship between percent black and differentiation: competition and exploitation. Whites view an increasing percentage of blacks as a competitive threat to employment and income. Therefore, the larger the relative size of the black population, the greater the amount of discrimination and prejudice, which together act to weaken competition. Or one may interpret the increasing size of the black population as affording more chances for exploitation of blacks by whites. This perspective assumes that when blacks make up a relatively large proportion of the total population they can be induced to work for lower wages and in less desirable jobs.

We also anticipate a positive causal link between percent black and rate of black population increase. In cities where the black population is relatively large, in-migrants can anticipate the presence of a moderately well-established black community. Moreover, it is likely that white in-migrants will move to the suburbs of such cities, in part to avoid the concentration of blacks. These whites may also be responding to a housing market not available to blacks. Finally, percent black may be related to region ghettoization and industrial structure.

Industrial structure — Industrial

characteristics are important determinants of black-white occupational status differentials. Specifically, there was a strong inverse relation between percent of the male population employed in manufacturing and status differentials. This finding was thought to reflect job availability for blacks, as well as other conditions favorable to their employment. Manufacturing should be positively associated with the rate of black population increase. Employment opportunities, as indexed by manufacturing, may act as a "pull" factor for black inmigration. We further expect manufacturing to be correlated with ghettoization and percent black.

Region—A potentially important determinant of assimilation is region. Although these patterns may be breaking down, the social isolation of blacks from whites is probably greater in the South. Data lead us to predict that region is statistically linked to educational, occupational, and income differentiation. We also expect region to be causally related to black population increase. Blacks have historically been attracted in greater numbers to Northern than to Southern cities. A part of this attraction has been greater employment opportunities, but much of it is based upon presumably greater social and economic equality.

Rate of black population increase—When the black population is increasing rapidly, it may be perceived as a greater competitive threat than when it is slow growing or stationary. Population growth may also affect community stability and integration. The result may be problems in absorbing new individuals into the system. If employment opportunities are not expanding, the result may be high unemployment and concentration of blacks in low status and poorly paid occupations. To the degree that black in-migrants are poorly educated compared with whites, a large rate of black population increase is expected to produce higher levels of educational differentiation.

Rationale for causal model—The causal structure outlined above lends itself to evaluation by path analysis. The basic assumptions of this technique are that unmeasured variables which have an effect upon those included in the model are uncorrelated, and that the causal ordering of those included is clearly specified. We further specify this order by making a distinction between immediate and long-term effects. Since education is a long-term process, the impact of occupation and income cannot be immediate—however, the converse is not true. We apply a similar argument to percent employed in manufacturing, percent black, and ghettoization. In the case of industrial structure, it may take some time for that factor to affect the relative distributions of blacks and whites in various socioeconomic categories. Similarly the anticipated impact of percent black upon discrimination is likely to require a time interval. We relate measures of these variables in 1950 to measures of socioeconomic differentiation in 1960. Regarding ghettoization, it is possible that the occupation and income distributions of a population will affect its residential patterns almost immediately. Since interest in ghettoization is as an independent variable, our measures refer to 1950; logically, occupational differentiation in 1960 can have no effect upon the level of ghettoization in 1950.

Methodology

The units of analysis are the 74 U.S. urban places meeting the fol-

lowing criteria: (a) 1960 population of at least 100,000 inhabitants, (b) nonwhite population of at least 2,500, and (c) at least 85 percent of the nonwhite population black. Urban places were selected because they represent the area of highest black concentration and are the locus of most ghettos. It is therefore reasonable to compare central city blacks to central city whites in order to control the possibility that factors associated with suburbanization or fringe residence might confound the results.

The three dimensions of assimilation are quantified with the index of dissimilarity (ID). The ID equals 100 when differentiation is complete, and zero when there is no differentiation. For the comparison of occupational distributions, eleven categories are used; for educational comparison, nine categories; and for income, eleven categories. These are taken from 1960 census publications. The measure of ghettoization is the ID based upon 1950 block-data.

Findings

Ghettoization — The hypotheses concerning the effects of ghettoization receive limited support. These data show that the direct effect of ghettoization upon income differentiation is small. The total indirect effect is only somewhat larger. However, the total causal effect is moderately large and in the predicted direction.

Of special interest is the small effect of ghettoization upon educational differentiation. This is an important point relative to the possible adverse effects of ghettoization on education. Of course, our data do not bear directly upon either the quality of ghetto education or upon differential drop-out rates. Nonetheless, it is noteworthy that the rather large zero-order correlation between ghettoization and educational differentiation does not reflect a direct causal impact. Concerning occupational differentiation, the data again suggest that ghettoization has no impact. In view of the pervasive opinion that ghettoization is detrimental to occupational assimilation, this is also a practically significant finding.

We suspect that one reason why the effect of ghettoization upon differentiation measures has been overestimated in previous work is that central city blacks have been compared with whites in the entire metropolis. Another possible explanation of the overestimation of the impact of ghettoization lies in the tendency to misinterpret the zero-order correlations. Ghettoization is also correlated with percent black, region, and industrial structure, and these variables have causal effects upon differentiation. Our findings emphasize the importance of introducing theoretically appropriate controls into causal analysis.

Considering the effect of ghettoization upon rate of black population increase, the hypothesis that a high degree of ghettoization attracts migrants is not supported. In fact, it appears that migrants tend to avoid such cities. This may be explained by the composition of black migratory streams during the 1950's. Relatively high status black migrants may tend to avoid ghettoized cities.

Percent black — The hypotheses concerning the effects of percent black are generally supported. The combined direct and indirect effects upon income differentiation are large and in the predicted direction. The indirect effect of percent black is primarily due to the substantial impact of this variable upon educational differentiation, which in turn

has a strong effect upon income differentiation. Also as predicted, percent black has a moderately large direct effect upon black population increase. We anticipated that percent black has a positive direct effect upon occupational assimilation, but the data do not support this hypothesis. However, there is a large indirect effect through educational assimilation, although this is slightly offset by the negative path through black population increase.

To the extent that the competition-exploitation models fit the data, it appears that their effects are largely translated into differentials in educational distributions. But, since there is a direct effect of percent black upon income differentiation, even when educational and occupational differentials are controlled, these data also imply that the income structures of blacks and whites differ because of discrimination.

Industrial structure—We hypothesized that manufacturing has a positive impact upon the rate of population increase, and the data are consistent with this. Considering the effect of manufacturing upon measures of differentiation, while the direct effect upon occupational differentiation is small, the combined direct and indirect effect through black population increase and educational differentiation is moderately large. As regards income differentiation, although manufacturing has no direct impact, its indirect effects are significant.

Region—The effects of region are generally consistent with our hypotheses. While the direct effect on income differentiation is small, the combined direct and indirect effects are moderately large. Region also has a large joint effect upon income differentiation through its correlation with manufacturing, ghettoization, and percent black. These data suggest that Southern blacks are relatively concentrated in lower income categories compared with whites, largely because differentiation in education and occupation structures is greater rather than because the blacks are paid less for the same jobs. Although these findings for aggregate data must be interpreted cautiously, we are inclined to believe that discrimination is an important part of the explanation.

Rate of black population increase—We originally predicted that black population growth is positively related to measures of differentiation because a growing population may be difficult to assimilate. In fact, while black population increase does have a relatively substantial effect on differentiation, the direction of these effects is opposite from the predicted direction. The direct effect of black population increase on income differentiation is moderate and negative.

We can think of two possible explanations of these unanticipated negative coefficients. First, rapidly growing populations are likely to be relatively youthful and black-white differentials are probably less marked for younger cohorts. A second factor may be the composition of the black migrant stream; black in-migrants may be of higher socioeconomic status than resident blacks.

Occupational and educational differentiation—We hypothesized that occupational and educational differentiation are positively associated with income differentiation. The results support the hypotheses. The indirect effect of educational differentiation through its effect upon occupational differentiation is also moderate. While a part of the total

correlations between these independent variables and income is spurious, a substantial portion reflects causal impact. This provides empirical justification for current policy emphases upon assimilation of blacks into these structures. If blacks could be more fully assimilated into educational and occupational structures, an almost immediate effect would be much less differentiation in income structures. In an important sense the effects of other variables in the system, such as percent black or ghettoization, would be partially circumvented. It appears that current policies make good sociological sense.

Of greater importance is the support these data give our basic approach to differentiation as a multidimensional concept with causal interrelations. Educational and occupational differentiation account for virtually all of the variance in income assimilation. But when considering educational or occupational differentiation, one must also consider other factors, including a variable (percent black) which may reflect prejudice and discrimination.

A number of theoretical implications can be derived from our analysis. With the exception of rate of black population increase, support is generally given to our major hypotheses. Furthermore, support is given to the idea that racial differentiation is caused by a number of factors. The path model provides an easily interpreted ranking of independent variables. That is, variables can be ranked according to their combined direct and indirect contributions to the variance in income, excluding the effects due to covariation with other variables in the system. The rank is: educational differentiation, percent black, rate of black population increase, occupational differentiation, region, ghettoization, and percent employed in manufacturing.

Consequently, we conclude that the current emphasis given to areal location as a determinant of black assimilation should be reconsidered. Areal location seems to be only one of several factors, and it is the total effect of these, acting simultaneously, which produces the greatest explanatory power. Finally, our data indicate the importance of considering differentiation as a phenomenon with several dimensions, each of which has a somewhat different pattern of causes. They also indicate that a viable explanation of assimilation is in terms of the organizational properties of urban systems, and suggest links between these aggregate characteristics and discrimination.

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Investments and Involvements as Mechanisms Producing Commitment to the Organization

Mary E. Sheldon

Utilitarian organizations are those in which the sources of control and motivation are material rather than psychological or symbolic. Commitment to such an organization may be difficult for professionals who are likely to have a prior commitment to their profession, which is more enduring than their commitment to the organization. An organization employing professional scientists provides an opportunity to test hypotheses about the development of commitment to utilitarian organizations, when an alternative system, the profession, competes for members' commitment.

The position taken here is that commitment is an attitude or an orientation toward the organization which links or attaches the identity of the person to the organization. The main hypothesis is that the investments will produce commitment to the organization, regardless of other features of the relationship of the person to the organization. A second hypothesis is that social involvements will also produce commitment to the organization. Investments refer to participation in an organization to an extent that possible participation in another organization is decreased. Social involvements refer to interaction with and identification with other members of the organization. This interaction is rewarding in itself, so that leaving the organization would mean leaving these significant others.

This study was conducted in a research laboratory engaged primarily in projects contracted by a governmental agency. The subjects of the study were the 136 scientists and engineers in the laboratory with doctoral degrees. At the request of the laboratory, the study took the form of mail-back, structured questionnaires. Questionnaire items were concerned with the subject's attitudes toward his commitment to the organization and to his profession. An answer was rated either an endorsement or a nonendorsement. Of the 136 subjects, 102 returned the questionnaires, although some subjects did not answer all the questions.

Investments and Commitment

An initial investment was made when the scientists and engineers chose to accept employment in this organization rather than some other. Beyond this, three indices were used to measure investments: age, length of service in the organization, and position. Age binds one more tightly to the organization, for example, in pension plans, and it usually reduces opportunities for interorganizational mobility. Length of service in the organization is an investment for the same reasons. Position is an investment because higher positions are supervisory positions which over an extended period of time may result in some loss of professional competence and so limit alternatives. Supervisory positions are a reward from the organization and are an indication to the scientist that his work is being recognized, which should enhance his identification with the organization; yet obtaining the rewards of the organization may result in reduced mobility.

All three investment indices were associated with commitment to the

organization, all measures of association here being gammas. The gammas of the indices of investment with commitment were .56 with age, .46 with length of service, and .20 with position. When age categories were not collapsed, the relationship between age and dependent variables was erratic, although in the predicted direction, probably because age at the time the degree was conferred was variable and therefore a poor indicator of professional and organizational experience. Length of service was a good indicator of both professional and organizational experience, since 73 percent of the men indicated that this was the only job they had ever held.

When controlling for length of service, partial associations between position and commitment decreased, but there was also evidence of interaction. Scientists and engineers with low positions and either short or medium length of service show low commitment to the organization. Persons with long lengths of service were likely to have high commitment regardless of their position. Remaining in the company in spite of not being promoted usually means that the opportunities for geographic mobility become increasingly limited. Two types of psychological response are to redefine the organization in a positive way and to identify with it, or to withdraw from it. For those who have been promoted, commitment should increase, because of the recognition and rewards from the organization; yet those with either short or medium length of service and medium positions showed low commitment. In these middle positions some factor was operating as a barrier to organizational commitment. From the point of view of the organization, the recognition-reward system was not operating as expected.

Professional commitment appears to be associated with the lack of organizational commitment for such men. The association between position and professional commitment was low, as was the association between length of service and professional commitment. However, for those with low commitment to the profession, there was a strong linear relationship between length of service and commitment to the organization, and investments in the organization operated in the hypothesized direction to produce commitments to the organization. For those with high professional commitment, the relationship between length of service and commitment to the organization was curvilinear, those with medium length of service having lower commitment to the organization than those with short or long length of service. Dichotimizing each continuum makes it possible to classify professionals in an organization into four types: (1) cosmopolitan, with high professional commitment; (2) local-cosmopolitan, with high professional commitment and high organizational commitment; (3) locals, with high organizational commitment; and (4) indifferents, with low commitment to both the profession and the organization. The interaction between professional commitment and investments suggested that the local-cosmopolitan typology might clarify the unexplained problems.

Each subject was classified into one of these categories by combining organizational commitment scores and professional commitment scores. He was also given a combined investment score, developed by giving him a percentile score on age, length of service, and position, and averaging

these. The person most likely to be indifferent to both the organization and the profession was a young man, with short length of service, and with a medium position. The presence of six indifferents in high positions was surprising because the literature on the development of commitments to the profession by students in graduate schools led to the expectation that the recent graduates would have the highest, though varying, commitment to the profession, although the reality of the working situation would be likely to decrease the professional commitments.

However, professional commitment did increase with experience. The data indicate that in time, working or professional problems, developing competence, and achieving some professional prestige results in a crystallization of professional identity, and produces commitment to professional values. The activities that lead the organization to reward the professional are the same as those leading to professional identification, professional rewards (prestige), and an increased salience of the larger professional peer group.

Older men who presumably become increasingly involved in administrative duties decrease their professional commitments. This poses a paradox for organizations. As their scientific and engineering personnel become more valuable to the organization, the organization is likely to become less relevant for them and the profession more relevant. Fortunately for the organization, a large number do develop a commitment to the organization as well as to the profession.

Social Involvements

The second hypothesis is that social involvements will produce commitment to the organization. In a study of members of voluntary political organizations, it was noted that the radicals relied on social involvement to produce a strong commitment; the liberals did not, and, in fact, had less commitment among members of the group.

Questionnaire items were used again to measure social involvements. High social involvement was found in 7 out of 26 indifferents, that is, 30 percent; 5 out of 26 cosmopolitans, that is, 19 percent; 15 out of 29 locals and 12 out of 23 local-cosmopolitans, that is 52 percent in both latter categories. Since local cosmopolitans and cosmopolitans had identical medium investment scores, it appears that for those with medium lengths of service, social involvements are a differentiating factor related to commitment to the organization. Those who do not have high social involvements in the organization are not likely to have commitment to the organization.

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mental health and the law

Psychiatric Hospitalization History and Admission to Medical School

The American Orthopsychiatric Association recently filed an *Amicus Curiae* brief in the Supreme Court of the State of New York on behalf of a plaintiff in an action brought by the New York Civil Liberties Union, suing for admission to a college of medicine. The applicant was denied admission because of a history of psychiatric care and hospitalization. The Court denied the motion to admit on other issues than those with which the AOA is concerned. This issue is still unresolved, and the effort to establish a judicial precedent for this position will continue, on behalf of college and job applicants, as well as medical school applicants.

The AOA's position on three issues presented in this case follows:

Point I—The mere fact that a person sought and received psychiatric treatment does not make such person more ill than persons who have not sought and not received such treatment. The Midtown Manhattan Study (1962) found that although psychiatric illness was not more prevalent among the upper middle class, this group showed higher incidence of persons who had sought and undergone psychiatric help. Psychiatric treatment is not necessarily indicative of gross or incapacitating mental illness. The willingness (to seek psychiatric help) in AOA's opinion is often a sign of health.

Point II—The mere fact that a student sought and received psychiatric treatment in a mental hospital does not render such student a greater risk in terms of future academic achievement. Most college mental health professionals recognize that late adolescent turmoil and distress is often quite transient and is not the product of some deep-seated emotional disorder. Untreated students may have similar problems but have not the awareness or strength to confront them.

Point III—Psychiatric screening is a particularly unreliable and inherently biased aspect of (medical) school admission procedures. D. H. Funkenstein's study shows that 30 Harvard College students who had psychiatric treatment in college and were subsequently admitted to Medical School had records which were equal in all particulars to a control group of equal academic ability who had not had treatment.

Amicus urges the Courts to recognize the principle that it is improper for a medical school to disqualify for admission an applicant who is qualifield for admission on the basis of academic record but has undergone psychiatric treatment. Since psychiatric treatment is not in any way relevant to performance in medical school, it is equally improper for a medical school to give any weight to this factor in their admissions' decisions.

For the full text of the *Amicus* brief, write to Dr. Marion Langer, American Orthopsychiatric Association, 1790 Broadway, New York, N.Y. 10019.

Recent Cases

Felber v. Foote, 321 F. Supp. 85 (D.C. Conn., Dec. 21, 1970, Civil No. 13,887)

The U.S. District Court for Connecticut has ruled that a State may legally require medical practitioners to report to health authorities the

names of patients who are "drug-dependent." Dr. John Felber, a psychiatrist, brought suit against the State in action on behalf of all Connecticut physicians. He charged that the 1965 statute, that requires all physicians in the State to report to the Commissioner of the Connecticut State Department of Health all the vital statistics of persons suspected of being drug-dependent, is unconstitutional. Dr. Felbert said that the law is infringing physicians' rights to privacy and confidentiality with patients and violating physicians' rights of due process of law.

The three-judge Federal trial court ruled that there is no constitutional basis for privacy, privilege, or confidentiality between physician and patient, and that the matter rests entirely in the power of the legislature to enact or fail to enact laws related to these matters. It also refused to accept the argument that the statute would discourage drug-dependent persons from seeking help from a physician, and would thus deprive the physician of his constitutional right to an unrestrained practice of medicine. The Connecticut Commissioner of Health has warned all the State's physicians of their continued obligation to report drug-dependent persons and that enforcement will be up to the Attorney General. The law, however, contains no enforcement provisions and, according to the court, there is no record of any attempt at enforcement beyond the letter of warning. It is believed that no State other than Connecticut requires reporting of drug-dependent patients' names.

Juvenile Justice

Responding to separate petitions by three teenagers for jury trials, the U. S. Supreme Court recently ruled six to three that juveniles have no constitutional right to trial by jury as adults. In the lengthy majority opinion, it was claimed that to provide jury trials for those under 21 would convert the intimate, informal, protective juvenile court system into the slower and more formal adversary system, a change viewed as undesirable. Briefly, the minority opinion contended that, on the other hand, juveniles deserve procedural protection against judicial confinement until the age of 21.

Generally, the decision of the high court upholds laws existing in most States. Twenty-nine States and the District of Columbia bar jury trials in youth courts, which instead provide for private proceedings before a judge. In five other States there are no jury trials by virtue of court rulings. In the remaining States jury trials are allowed for youths under certain circumstances.

In a related development in Arizona, the State Department of Corrections issued a 139-page report, entitled 1970 *Arizona Youth Atlas*, citing a very high arrest rate for juveniles, a low expenditure of public money on youth problems while 17-and-unders constitute 40 percent of the population, deficiencies in family services, and minimal public support of mental health facilities. Recommendations were that "soft-core" juvenile offenders, who make up a large part of the young lawbreakers, be kept from more mature violators and treated differently; that the juvenile system be strengthened and services broadened; that educational programs, counseling, and the like, be extended; that there be established a network of foster homes for those who need them; and that facilities for vocational training and employment be upgraded.

mental health news digests

Prints and Photographs Are Available from the National Library of Medicine

This issue of the *Digest* includes a number of prints and photographs which were obtained from the National Library of Medicine, History of Medicine Division. The Division acquires, organizes, and services the historical materials of the Library; performs research in the history of medicine; contributes to historical studies by publishing catalogs, bibliographies, and other aids to medical-historical scholarship; and collects, catalogs, and controls the pictorial materials of the Library, including films, prints, photographs, slides, and paintings.

The Prints and Photographs Collection includes all graphic media: woodcuts, engravings, etchings, mezzotints, lithographs, photographs, half-tones, and other mechanically produced images. The collection now includes some 55,000 items; in addition, photos can be made of pictorial material in any part of the Library's collection. Included are individual portraits, pictures of buildings and institutions, caricatures, and portrayals of technical devices, practices, and presenting symptoms in the field of medicine.

Photocopies and slides of pictorial material in the Library's collection will be prepared for library users on a fee basis. For further information or reference assistance, write to: History of Medicine Division, National Library of Medicine, 8600 Rockville Pike, Bethesda, Maryland 20014.

New York State Psychiatric Institute Holds 75th Anniversary Conference

The New York State Psychiatric Institute celebrated its 75th Anniversary with a 3-day conference which took more than 2 years in planning. Founded in 1896 as the New York Pathological Institute, the organization was the first psychologically oriented medical research center in the United States. Over 1,200 specialists from all over the world attended the meeting. Included among them were Dr. Bertram Brown, Director of the NIMH; Dr. Ewald Busse, President of the American Psychiatric Association; Dr. Juan Lopez-Ibor, President of the World Congress of Psychiatry in Madrid; Dr. Marshall Nirenberg, Nobel Laureate, and Dr. Edith Zerbin-Rubin of the Max Planck Institute of Munich. The conference ended with reflections on the Institute's influential history.

Dr. Ira Van Gieson, a pathologist, expanded the original concept of the Institute in 1896 to include not only laboratory work for the State mental hospitals but also biological, psychological, and social sciences research. Dr. Van Gieson was succeeded by Dr. Adolf Meyer, who pioneered the community mental health movement. He also developed the diagnostic interview technique, and after he left the Institute he became the Nation's first professor of psychiatry. For the past 17 years, Dr. Lawrence C. Kolb has been the Institute director.

The Thomas W. Salmon lecturer for the anniversary celebration was Dr. Neal E. Miller, a Rockefeller University psychologist who has been experimenting with learned control of "involuntary" body functions. He is hoping that learned control of heartbeat and blood pressure might help correct hypertension and erratic heartbeat.

U.S. Child-Development Policy Questions

A new committee of the National Research Council Division of Behavioral Sciences is looking at possible goals for a national policy that would direct government social programs toward meeting medical, nutritional, custodial, psychological, and educational needs of children up to the age of 8 years. This policy study committee is examining past Federal programs related to children's needs, looking at the effectiveness of current programs, and studying the needs for new programs to prevent American children from suffering the effects of economic deprivation.

Schools Without Failure Improve Youths' Mental Health

More than 4,200 Western Pennsylvania school children began attending "Schools Without Failure" this past fall in what is termed a unique educational project designed to improve the mental health of youngsters. The children are kindergarten through sixth graders participating in a pilot project in nine schools in Allegheny, Beaver, Lawrence, and Mercer counties in cooperation with the Beaver County Community Mental Health Program.

The underachiever, the slow learner, the school drop-outs, and the educable mentally retarded receive special and substantial benefits from this program in that the often threatening and dehumanizing aspects of the present school system are eliminated. The "Schools Without Failure" follow teaching procedures set down by Dr. William Glasser, California psychiatrist, who advocates a departure from the pass-fail grading system based on memorization of facts in favor of developing the ability to assimilate and analyze relevant factors. This philosophy accents the relationship between learning and the world in which the child lives, thus encouraging the student's involvement in his own learning to further enhance his desire to learn, increase self-esteem, and encourage self-confidence.

The 135 teachers involved in the project attended special instruction classes during the summer to prepare themselves for teaching under the new philosophy. Slippery Rock State College has included the Glasser philosophy in both its undergraduate and graduate courses, and its students are participating in the pilot project as student interns and practice teachers.

Pilot Study Held in Maximum Security Psychiatric Setting

In concluding a 5-year Hospital Improvement Project (HIP) Grant, the Arkansas State Hospital maximum security unit, known as Rogers Hall, found that a small group of patients had gone through the 5-year period and not responded to any of the treatment efforts put forth. The group of patients consisted of five chronic schizophrenics and four mental defectives. Through a joint effort on the part of the hospital administration and the Rogers Hall staff, an Extended Employment Workshop came into being. The plan was to start a pilot project which would provide the patients some meaningful yet simple task that could be performed in exchange for a limited amount of money. The hospital administration suggested the task of refinishing some 200 wooden dining room chairs.

Pennies were used as reinforcement of the behavior desired, and to do this on a variable schedule, the patients were paid off every 7½ minutes. The pa-

tients worked for a total of 3 hours per day, 5 days a week, and they earned a maximum of 24 cents per day. A small canteen was provided so that the patients could spend their pennies to insure the reinforcement. Prizes were also awarded in lieu of the canteen items.

As a result of the workshop, several workers became competent enough to do the finish work. There was a marked decrease in the amount of psychotic or otherwise inappropriate behavior while working on the project and some carryover to general ward behavior. The patients as a group offered little resistance to working on the project, and some expressed a desire to work longer and earn more money. The quality and quantity of their work generally showed continual improvement, although several patients' performances seemed to reach a plateau after a few weeks. A report on this project by Phillip Livingston and A. F. Rosendale appears in the *Journal of the Arkansas Medical Society,* 68(5), October, 1971.

Psychiatric Organizations in Spain

In December 1924, Catalán psychiatrists initiated the foundation of the Spanish Association of Neuropsychiatry. The statutes were approved by the Governor of Barcelona, and the first annual meeting took place there in June, 1926. Regular annual meetings followed, and after the creation of the League of Mental Hygiene by Royal Order, the meetings of the Society were usually combined with assemblies of the League. The conclusions of these meetings were submitted to the Government and their objectives partially granted.

Years later after the Spanish Civil War, the name of the Society was changed to the Spanish Association of Neuropsychiatry. With the expansion of its scientific activities, meetings acquired the character of Congresses. These Congresses are now being held every 2–3 years. After the war, the conclusions reached at the Congresses encouraged the Government to contribute to the creation of professorships of psychiatry. In 1955 a National Service for psychiatric care was started. This organized a part of the services and gave guidance to the local corporations and private institutions, which organized a larger part of it: 29 outpatient clinics of mental hygiene were created in the capitals of the provinces; centers for the diagnosis and management of subnormal children and six alcoholic units were also started. Outpatient clinics of neuropsychiatry were also created in each province capital, according to population.

The psychiatric hospitals have two main problems: (1) to supply services to a wide geographical area; (2) to cope with a very heterogeneous mixture of patients, for there are few specialized hospitals for alcoholics, psychopaths, epileptics, elderly patients, medico-legal patients, etc. The situation has been improving, however, as new hospitals have been built. Owing to inadequate staffing, difficult work may have to be delegated to an auxiliary staff who are also in short supply and whose education has tended to be inadequate. Training courses for a higher level of staff are being held at the centers under the aegis of the National Psychiatric Service.

Several specialist societies have been created: Psychiatry Neurosurgery, Electroencephalography, Child Psychiatry, Psychoanalysis, Psychosomatic Medicine, etc. Most of them belong to the Spanish Association of Neuropsychiatry, but hold their own meetings and congresses. (From the *World Psychiatric Association Bulletin,* No. 3, 1971)

Uniform Act Recognizes Drunkards as Sick, Not Criminal

The Uniform Alcoholism and Intoxication Treatment Act recently has been adopted by the National Conference of Commissioners on Uniform State Laws and thus has been offered to the States as model legislation concerning the disposition of persons arrested for public intoxication. Elliot Richardson, Secretary of the U.S. Department of Health, Education, and Welfare, has endorsed the Uniform Act and has recommended that it be passed in all States.

Public intoxication, still a crime in most states, annually accounts for one-third of all arrests and one-half of all persons in jail in the U.S.A. High recidivism rates, inadequate emergency treatment, and sparse medical and social services have characterized the plight of problem drinkers and alcoholics in most communities. Adoption of the Uniform Act, however, would make it a State policy that alcoholics and intoxicated persons may *not* be subjected to criminal prosecution because of their consumption of alcoholic beverages; instead it would require that such individuals be provided appropriate treatment for their alcohol problems.

The Uniform Alcoholism and Intoxication Treatment Act stipulates that a Division of Alcoholism must be established within the State health or mental health department to take responsibility for making services available to alcoholic persons. Under the Act, intoxicated individuals would not be detained on criminal charges, but would receive necessary emergency medical treatment and followup care involving medical, psychological, and social services.

Under the law, civil commitment of alcoholics would be permissible in only a limited number of cases and only as a last resort in emergency situations. Further, in accordance with the Act's preference for voluntary treatment, grounds for involuntary commitment would be very limited and strict procedural safeguards would be provided.

Underlying Causes of War and Hatred of Youth Are Cited

At a joint meeting of the Specialty Training Program in Psychoanalytic Medicine and the Professional Association of the Postgraduate Center for Mental Health, Dr. Arnaldo Rascovsky, founder and former president of the Argentine Psychoanalytic Association and honorary president and founder of the Latin American Psychoanalytic Societies, stated that civilization has transformed the intimidatory and frightening procedures for initiation rites of primitive societies into large-scale, cyclic wars. Using anthropologic, historical, and clinical evidence, he said that adults have a basic drive to kill children.

Dr. Rascovsky presented the views that "the primitive demands for a man's death carries out two functions: (1) deflection of the aggression against the parents toward the outside and (2) identification with the aggression of the parents, killing off of a youth equivalent to themselves. So the gerontocratic demand is fulfilled, based on the death of the son in an unconscious plotting of the antagonistic sectors that send their descendants to kill or to die. Probably, when there is a number of deaths sufficiently pacifying for the parents and sufficiently intimidatory for the children, peace is established until the resumption of a new cycle."

Dr. Rascovsky noted that the manifestations of contemporary youth groups are insights into the nature of sacrifice involved in war and of their deep hidden

motivations. He said that the old generations will make peace and retain the vital persistence of life—having now eliminated to a great extent their generational rival.

New York Contract Agencies Negotiate with Department over Model Agreement

After the contract year of 1970–71, the New York City Department of Mental Health and Mental Retardation Services presented to the voluntary mental health and the mental retardation agencies and hospitals a new contract proposal entitled "The Model Agreement for Voluntary Contract Agencies." The agencies objected to the Model Agreement because it attempted to stipulate obligatory levels of service based upon inadequate and irrelevant statistical measurements; they claimed that it intruded into the operations of the autonomous voluntary agencies and that it would discourage agencies from providing unique and innovative services that the community needs.

On June 11, 1971, the voluntary agencies and hospitals formed an ad hoc committee, which later became the Coalition of Voluntary Mental Health and Mental Retardation Contract Agencies. The Coalition was to seek to negotiate with the Commissioner in order to achieve an extension of the old contract form that would give time to negotiate mutually satisfactory contract language.

After more than 50 hours of negotiation, the Department returned to the Board of Estimate to obtain a 6-month extension of the old contract form at funding levels appropriate to the services that the agencies had been delivering even after the expiration of their 1970–71 contract. In addition, certain sections were deleted or revised, any challenge to the autonomy of the agencies was lessened, and the issues on which the Department remained firmly fixed were better defined.

The Coalition and the Department are continuing their negotiations over the Model Agreement's unresolved issues pertaining to methods of handling accruals, how to quantify some of the less traditional services, the manner and level of collecting fees, and the conflicting requirements of the City versus the State. The Greater New York Hospital Association has joined the Coalition, which now serves to a degree as the advocate voice of the voluntary sector. (From an article by Dr. Jerome Goldsmith in the New York State District Branches *Bulletin,* October, 1971.)

Texas Selects Site for Its First Drug Center

The Texas Board of Mental Health and Mental Retardation has selected Vernon Center South as the site for the State's first comprehensive treatment and rehabilitation center for hard core, juvenile drug addicts. Vernon Center South, a North Texas facility, is currently operated as a facility for the care of geriatric mental patients. It is planned that these patients will be transferred into three new ward buildings on the main campus of the facility.

A committee of general physicians, psychiatrists, and psychologists from the Department has been at work for months developing a program to meet the needs of the young drug offenders. The drug treatment center will contain facilities for housing, educating, treating, and training approximately 350 juveniles between ages 14 and 21. In a limited way, the Department has been treating some of these addicts at the various State mental institutions, but it has found that this type patient does not fit into the normal mental hospital.

The Department hopes to provide care and treatment for all young drug users who are expected to benefit from such a program. The center will apply all known medical, psychological, and sociological modalities in order to relieve the young addicts' physical dependence on opiates. Another envisioned goal is that the center will redirect and remotivate the young addict toward a useful place in society. The Department hopes that the new project can be in operation within a year after construction gets underway.

D.C. Proposes Mobile Mental Health Units

The District of Columbia Mental Health Administration has proposed a new approach to the delivery of emergency psychiatric services within the community, through the use of mobile teams to provide on-site delivery of services on a 24-hour, 7-day a week basis. The reason behind this service is that the individual or family in need of mental health services rarely seeks help until both the situation and the patient's functioning has reached a stage where hospitalization and disruption of the home is frequently inevitable. With the availability of the 24-hour mobile service, it is believed that the trauma for individuals and families at all stages of the stress syndrome can be alleviated.

The anticipated advantages of such a service are as follows: (1) *Response to community need*—often the people in need of mental health services are directed to the police instead of a skilled, trained psychiatric team; (2) *Immediate treatment*—in many instances, initial medication and calming of the patient can be effectively performed on the scene; (3) *Information at the site of crisis*—the team staff will become aware of a more accurate picture of the crisis at the scene than at a facility; (4) *Decrease in number of admissions and admitting office patient load*—many emergency cases could be immediate dispositions; (5) *Nonemergency mental health problems*—the units can transport mental health workers to the homes of persons exhibiting disturbed or disturbing behavior, but are not presenting an emergency; and (6) *Adjunctive and supportive role to SPEMHCS*—the vehicles will be activated and dispatched in response to crisis situations evaluated by the Suicide Prevention and Emergency Mental Health Consultation Service. (From an article by Essex C. Noel III, M.D., in the *Medical Annals of the District of Columbia,* 40(9), Sept. 1971.)

"Urban Personality and the Culture of Poverty"—An Award Winner

The fourth annual Stirling Award in Culture and Personality Studies, established in 1968 for the American Anthropological Association, was presented to UCLA Professor Theodore D. Graves on November 19 in New York City during the 70th Annual Meeting of the Association. Professor Graves' prize-winning paper is entitled "Urban Personality and the Culture of Poverty."

Honorable mention went to Richard A. Shweder, graduate student at Harvard, for his paper, "Is a Culture a Situation?" The three previous winners are Victor Barnouw (1968), John P. Spradley (1969), and Carol Henning Brown (1970).

Graduate Degree Programs Offered in Mental Health Statistics

The Biostatistics Department of the University of North Carolina School of Public Health is accepting applications for September 1972 admissions to

graduate degree programs in Mental Health Statistics. Five graduate degrees are being offered: Master of Public Health, Master of Science in Public Health, Master of Science in Biostatistics, Doctor of Public Health, and Doctor of Philosophy. NIMH fellowships, plus dependency allowances where applicable, are available. For information write to: Dr. James Abernathy, Department of Biostatistics, School of Public Health, Chapel Hill, N.C. 27514.

United Nations to Sponsor International Conference on Environmental Issues

The United Nations Conference on the Human Environment will be held in Stockholm June 5–16, 1972. The conference will be a meeting of governments and interested organizations who will attempt to identify the most urgent environmental problems and to agree on actions to deal with them. Throughout the 2 weeks there will be a continuous plenary session and meetings of major committees.

Agenda items for the Conference are: *Planning and Management of Human Settlements for Environmental Quality; The Environmental Aspects of Natural Resources Management; Identification and control of Pollutants and Nuisances of Broad International Significance; Educational, Informational, Social, and Cultural Aspects of Environmental Issues; Development and the Environment;* and *International Organizational Implications of Action Proposals.*

More detailed information about the Conference can be obtained from Maurice Strong, Secretary-General of the Conference on the Human Environment, Room 2920, United Nations Building, New York City, N.Y. 10017.

International Special Education Bibliography

UNESCO has produced a selected bibliography of literature on special education in English-speaking, French-speaking, German-speaking, Spanish-speaking, Nordic, and East European countries. Citations in the bibliography cover the following topics: Organizing and organization of special education for handicapped children and young people; training of teachers for the handicapped; research on the prevention of handicaps; and research on the integration of technical and vocational education into special education.

The bibliography appears as No. 175/176 of the *Bulletin of the International Bureau of Education.*

Two Available Reports

The Senate Aging Committee and its Subcommittee on Health of the Elderly have recommended in a special report that a Presidential Commission be established on "Mental Illness and the Elderly American." The report, "Mental Health Care and the Elderly: Shortcomings in Public Policy," may be obtained from the Government Printing Office, Washington, D.C. 20402; price 75¢.

The National Association for Mental Health has published the "National Health Insurance" Bulletin #2. The Bulletin includes an analysis of the mental health benefits of six representative National Health Insurance bills that have been proposed in the Congress. The Bulletin is available from the National Association for Mental Health, 1800 N. Kent St., Arlington, Va. 22209.

* U.S. GOVERNMENT PRINTING OFFICE: 1972—O—485-860/6

recent nimh publications

Single copies of these publications may be obtained from the Office of Communications, National Institute of Mental Health (Publications Issuance Unit, Room 1B64, Parklawn Building, 5600 Fishers Lane, Rockville, Md. 20852). A complete list of all publications available from the NIMH may also be obtained from the Office of Communications. If a price is given, the publication may be ordered in quantity from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. Enclose a check or money order payable to the Superintendent of Documents.

Behavior Modification in Child and School Mental Health: An Annotated Bibliography on Applications with Parents and Teachers. This 41-page booklet is authored by Dr. Daniel G. Brown, DHEW Region IV, Atlanta. The bibliography provides a helpful list of references for parents, teachers, and any other care-giving groups concerned with children and youth. References include the author's address, publishers, and all other data required in requesting or ordering particular references. Publication No. (HSM) 71-9043. 30¢.

Lexington. This 18-page pamphlet describes the history, services, and future objectives of the NIMH Clinical Research Center and Addiction Research Center in Lexington, Kentucky. The objective of the program is to establish the causes of addiction and to search for its cure, meanwhile providing effective and humane treatment for narcotice addicts and other drug-dependent persons. Publication No. (HSM) 71-9071. 20¢.

The Answer Is Understanding. This 40-page booklet represents the combined shortened version of a series of three films known as *The Distant Drummer*. The booklet explains the story of the drug phenomenon, including its history and current abuses. Publication No. (HSM) 72-9013.

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